## PW021088

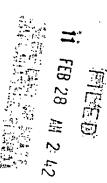
(Red	questor's Name)	,
. (Add	dress)	<del></del>
(Add	dress)	
Ų.i.		
(Cit)	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doo	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer	
opecial instructions to i	ining Officer.	

Office Use Only



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Ps 3/3/11

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	iPros .	Inc.	
Enclosed are an ori	(PROPOSED CORPORA		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REQUIRED
		* ,	
FROM:	STEVEN ROBEI	RT BRADFORD (Printed or typed)	
	2321 NW	186 AVE	
	PEMBROIG PINES	FL. 33029	
		State & Zip  9566 elephone number	
<u></u>			
<u></u>	SRBRADFOR E-mail address: (to be used	RD1 WHOTMAIL. Of for future annual report	COM notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME Progration shall be: Pros Inc		FILED
		•	1 FEB 28 AM 2: 42
ARTIÇLE II	Principal street address	· ·	ddress, if different is:
	2321 NW 186 AVE	2321 NW	186 AVE THE TOTAL TOTAL
<del>-</del>	PEMBROKE PINES FL 33029	PEMBROKE PI	CES_\$1_14_330291.013144
-			
ARTICLE III	<u>PURPOSE</u>		·
The purpose for when	hich the corporation is organized is: SMART	HONE REPAIR	
ARTICLE IV	SHARES		
	es of stock is: 100 SHARES		
450000000000			
	INITIAL OFFICERS AND/OR DIRECTOR tle: STEVEN ROBERT BRADFORD		
Address:	-CEA	Address:	· · ·
	-2321 NW 186 AVE		
	PEMBROKE PINES FL 33029		
Name and Ti	ulc: - ANGELO PEREZ	Name and Title:	
Address:	-PRESIDENT	A 11	
	-250Z NORTH WAVERLY DRIV	<del></del>	
	BOSSIER CITY, LA 71111		
Name and Ti	cle: -MARK G. BRADFORD	Name and Title:	
Address:	-VICE PRESIDENT	Address:	
	- 2321 NW 186 AVE		
	PEMBROKE PILES FL. 33029		<del>-</del>
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	STEVEN ROBERT BRADFORD	_	
Address:	2321 NW 186 AVE	_	
	PEMBROKE PINES FL. 33029		
	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	STEVEN ROBERT BRADFORD 2321 NW 186 AVE	<del>-</del>	
Address:	PEMBROKE PINES FL 33029	<del></del>	
	PERIDIQUE TINES FL 3 3029	<b></b>	
Having been name	d as registered agent to accept service of process	s for the above stated corpo	ration at the place designated in
this certificate, I am	n familiar with and accept the appointment as reg	istered agent and agree to a	ct in this capacity
	<u> </u>		0/22/2-1
	Required Signature/Registered Agent		2/23/2011
	Required Signature/Registered Agent		Date
f submit this docum	nent and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
document to the De	partment of State constitutes a third degree felon	y as provided for in s.817.15	5, F.S.
		//	
	7 2 79	<u> </u>	2/23/2011 Date
	Required Signature/Incorporator		Date