

P11000022993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

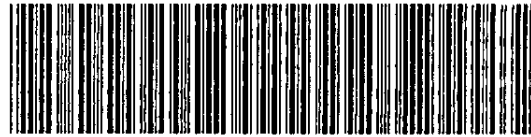
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Certified Copies _____ * Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2544-
W11000009723



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02/16/11--01018--015 **78.75

2011 MAR - 1 PM 4:04
DIVISION OF CORPORATE &
PROPERTY

3/9/11

COVER LETTER

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

SUBJECT: PRO-TEAM SERVICES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: PRO-TEAM SERVICES, INC.

Name (Printed or typed)

2850 SUNRISE LAKES DR. W. #311

Address

SUNRISE, FLORIDA, 33322

City, State & Zip

954-937-9525

Daytime Telephone number

PROSERVICES211@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS



RECEIVED

11 MAR -1 AM 8:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2011

DIANETH CARDENAS
2850 SUNRISE LAKES DRIVE W
APT. 311
SUNRISE, FL 33322

SUBJECT: PRO SERVICES, INC.
Ref. Number: W11000009723

We have received your document for PRO SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 511A00004157

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME PRO-TEAM SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
2850 SUNRISE LAKES DR W #311
SUNRISE, FLORIDA 33322

MAILING ADDRESS
DIVISION OF CORPORATIONS
Mailing address, if different is:
2011 MAR -1 PM 4:04

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Provide Janitorial Services.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dianeth Cardenas - President</u>	Name and Title: <u>Patty Rojas - Vice-President</u>
Address: <u>2850 Sunrise Lakes Dr. W #311</u>	Address: <u>2850 Sunrise Lakes Dr. W #312</u>
<u>Sunrise, FL 33322</u>	<u>Sunrise, Florida 33322</u>

Name and Title: <u>Ali P. Rojas - Treasurer/Secretary</u>	Name and Title: _____
Address: <u>2850 Sunrise Lakes Dr. W. #312</u>	Address: _____
<u>Sunrise, Florida 33322</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dianeth Cardenas
Address: 2850 Sunrise Lakes Dr. W. #311
Sunrise, Florida 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dianeth Cardenas
Address: 2850 Sunrise Lakes Dr. W. #311
Sunrise, Florida 33322

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

D Cardenas

Required Signature/Registered Agent

02/22/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

D Cardenas

Required Signature/Incorporator

02/22/2011

Date