

P11000035595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

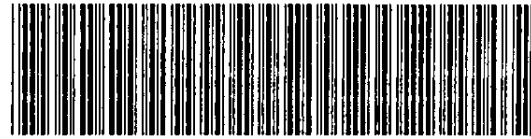
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/17/11--01006--004 **70.00

FILED
11 APR 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MPB
4/12

111-16064

COVER LETTER

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

SUBJECT: A client 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:

Steve Linder

Name (Printed or typed)

819 Pracker

Box 239

Address

Kay West, FL

33040

City, State & Zip

Daytime Telephone number

561961125@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

STEVEN EIORMAN
819 PEACOCK BOX 239
KEY WEST, FL 33040

SUBJECT: A CLIENT SERVICES, INC.
Ref. Number: W11000016064

We have received your document for A CLIENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporation name in Article I of the form.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 311A00006869

RECEIVED APR 11 2011

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: A CLIENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

819 Peacock Plaza
Box 239
Key West FL 33040

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Client Services
Charter

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Steven J. Eierman
819 Peacock Plaza
Box 239
Key West FL 33040

Name and Title:

Address:

Name and Title:

Address:

Steven J. Eierman - President
819 Peacock Plaza
239
Key West, FL. 33040

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Steven J. Eierman
819 Peacock Plaza #239
Key West FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Steven J. Eierman
819 Peacock Plaza #239
Key West FL 33040

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

[Signature]

Required Signature/Registered Agent

2/18/11

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.

[Signature]

Required Signature/Incorporator

4/8/11

Date

FILED
11 APR 11 PM 4:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE