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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
TALLAHASSEF FA GENTA

T. Burch MAY, 2

COVER LETTER

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

SUBJECT: Arise Multi Services Inc.				
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLUDE SUFF</u> I	<u>X</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check fo	r:		
\$70.00 \$78.75 Filing Fee & Certificate of Status		Fee, ed Copy tificate of		
	- Institution in the contract of the contract			
FROM: BEATRICE H. MOODY	(Printed or typed)			
1026 HOME GROVE DE	•••			
WINTER GARDEN, FL City,	34787 State & Zip	 .		
(407) 654-0001 Daytime To	elephone number			
beatricemoody@cfl.rr.co E-mail address: (to be used	m I for future annual report 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		9611 MAY -2 PM &: 5 L
The name of the corp	NAME Arise Multi Services Inc.	
		SECRETARY OF STATE
ARTICLE II 1	PRINCIPAL OFFICE	Pallahassee. Plorida
	Principal street address	Mailing address, if different is:
	2950 W. Colonial Drive	12950 W. Colonial Drive
Wi	inter Garden, FL 34787	Winter Garden, FL 34787
ARTICLE III P	UIRPOSE	
	ich the corporation is organized is:	
		mpleting immigration forms, divorce, writing
		ith other companies providing customer
•	copies, notary, as well as working wi	itti other companies providing customer
service.		
ARTICLE IV S		
The number of share	s of stock is:100	
	THE CONTRACTOR AND	20
	INITIAL OFFICERS AND/OR DIRECTOR	
		Name and Title: John R. Steens Director
Address:	1026 Home Grove Drive	
	Winter Garden, FL 34787	Winter Garden, FL 34787
Nome and Titl	lo	Name and Title:
Address:		Address:
Addiess.		Address:
Name and Titl	le:	Name and Title:
Address:		Address:
	REGISTERED AGENT	
	ida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Beatrice Moody	_
Address:	1026 Home Grove Drive	_
	Winter Garden, FL 34787	_
ADDICT P UIT	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Beatrice H. Moody	
Address:	1026 Home Grove Drive	-
rtdaress.	Winter Garden, FL 34787	- -
	·	
		ss for the above stated corporation at the place designat
this certificate, I am	familiar with and accept the appointment as reg	zistered agent and agree to act in this capacity
	\times	
	DUL	<u> </u>
	Required Signature/Registered Agent	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.

Required Signature/Incorporator