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SECRETARY OF STATE



1/H

COVER LETTER

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

SUBJECT: PROFESSIONAL SERVICE	ies by RL, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Rolando Luis Z	(Printed or typed)
11970 SW 18	
Mami, Flore	State & Zip
(786) 337 Daytime Te	0027 · · · · · · · · · · · · · · · · · · ·
roly janet 2008	Example (Som .

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 NA The name of the corpo	AME ration shall be: Professional Se	ruices by	PL, Inc.	
ARTICLE II PI	RINCIPAL OFFICE		,	
	Principal street address		Mailing address, if different is:	
7772	170 SW 188 Terrace	 -	SAME.	
$\frac{R}{L}$	Marie, FL 33177.		<u></u>	
ARTICLE III PU	(DDOCE			
	h the corporation is organized is:			
			2	
	HARES			NECKE PECKE
The number of shares	of stock is: 100		d 5	配 マニ
	IITIAL OFFICERS AND/OR DIRECTOR		<u> </u>	る。
Name and Title: Address:	Rolando Luis Duenus.	_	: <u></u>	
Address:	11970 SW 188 Terrace	_ Address:		200 N
	Mauri, Fl 33177.	-		
Name and Title:		Name and Title	<u>*</u>	≥m ~
Address:			·	
		_		
		-		
	· · · · · · · · · · · · · · · · · · ·		·	
Address:		_ Address:		
		-		
ARTICLE VI RE	EGISTERED AGENT			
	a street address (P.O. Box NOT acceptable) of	the registered age	nt is:	
Name: Address:	Rolando Luis Duenas 11970 SW 188 Terrace	·		
Address;	Marin, Fl 33177.	-		
ARTICLE VII IN	CORRORATOR			
	ICORPORATOR ss of the Incorporator is:			
Name:	Rolando Luis Duena	ان:		
Address:	11970 SW 188 Terrace Miami, FL 33177.	-		
		-		
	as registered agent to accept service of process amiliar with and accept the appointment as regi			
ins conjugacy i am ju		7	-	. 1
			5/	3/11
	Required Signature/Registered Agent		,	Date
I submit this docume	nt and affirm that the facts stated herein are	true. I am aware	that the false informat	ion submitted in a
document to the Depar	rtment of State constitutes a third degree felony	as provided for i	n s.817.155, F.S.	, ,
			5	/3/11
	Required Signature/Incorporator	 		Date