

P11000044243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

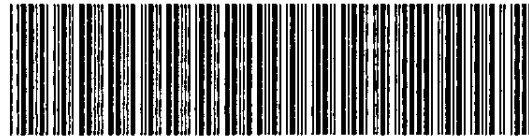
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Loreta Larjilo GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article III + IV  
DATE 5/9/11  
DOC. EXAM MRD

Office Use Only



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05/06/11--01043--030 \*\*87.50

FILED  
11 MAY -6 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
5/9

## COVER LETTER

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

SUBJECT: Simply Excellent 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: Loreta Lorfils

Name (Printed or typed)

21105 NW 14th PL #338

Address

Miami Gardens, FL 33169

City, State & Zip

(305)218-4840

Daytime Telephone number

lorfils20@comcast.net

E-mail address: (to be used 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 NAME**

The name of the corporation shall be: Simply Excellent Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
21105 NW 14th PL #338  
Miami Gardens, FL 33169

Mailing address, if different is:  
21105 NW 14th PL #338  
Miami Gardens, FL 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Telephone customer service  
Real Estate

**FILED**  
**11 MAY -6 PM 3:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Loreta Lorfilis, Owner/President  
Address: 21105 NW 14th PL #338  
Miami Gardens, FL 33169

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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:

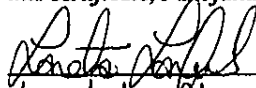
Name: Loreta Lorfilis  
Address: 21105 NW 14th PL #338  
Miami Gardens, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Loreta Lorfilis  
Address: 21105 NW 14th PL #338  
Miami Gardens, FL 33169

*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*

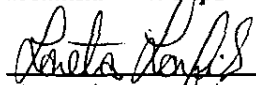
  
LORETA LORFILIS

Required Signature/Registered Agent

5/4/2011

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.*

  
LORETA LORFILIS

Required Signature/Incorporator

5/4/2011

Date