## P11000046287

(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:			
Special instructions to Filling Officer.			

Office Use Only



700207433767

05/12/11--01028--005 \*\*70.00

TALL MAY 12 AM 9: 49

1 05/16/11

## **COVER LETTER**

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

SUBJECT: 904 SERVICES, 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Oscar B. Soriano	(Printed or typed)		
6228 Cranberry Land	•		
Jacksonville, Florida 32244 City, State & Zip			
(904) 460-3388 Daytime To	elephone number		
ALF6228@yahoo.co E-mail address: (to be used	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)

904 SERVICES Inc.

**ARTICLE I NAME**The name of the corporation shall be:

ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address, if different is:		
(	6228 Cranberry Lane East	904 SERVIO	904 SERVICES Inc. P.O. Box 7273	
٠.	lacksonville, Fl 32244	P.O. Box 72		
		Jacksonville	, Fl 32238	
ADMINI D III	nimnock			
ARTICLE III	/hich the corporation is organized is:			
To do: Lown	Care Services: Kitchen and Bath re	anavations including h	it not limited to: Cabinet	
	Installations, Installation of Granit			
	easy step), Clogged Drain Cleaning		iinting and Tiling: Manage	
Elderly Care	Facilities: Commercial Signs Supp	ly and Installation.		
•				
ARTICLE IV				
The number of sha	res of stock is: 1,000			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS .		
Name and T	itle: I. Oscar Soriano - President	Name and Title:		
Address:	6228 Cranberry Lane East			
1100.000.	Jacksonville, Fl. 32244			
	itle: Chris Soriano	Name and Title:		
Address:	6228 Cranberry Lane East	Address:		
	Jacksonville, FÍ 32244			
Nt	W. Makaal Carina	NI TO A TOTAL		
	itle: K. Michael Soriano	Name and Title:		
Address:	6148 Cranberry Lane East	Address:		
	Jacksonville, Fl 32244			
ADTICLE IN	REGISTERED AGENT			
	prida street address (P.O. Box NOT acceptable	a) of the registered agent is:		
Name:	Oscar Soriano	of the registered agent is.	Fo -	
Address:	6228 Cranberry Lane East	<del></del>	Land to the state of the state	
ridaless.	Jacksonville FI 32244			
	Jacksonville, Ft 52244		P T ensure	
ARTICLE VII	INCORPORATOR		S 5	
	dress of the Incorporator is:		From The State of	
Name:	Oscar Soriano			
Address:	6228 Cranberry Lane East	<del></del>	Eva up eres	
	Jacksonville, Fl 32244	<del></del>	9:5	
			pm s	
Having been nam	ed as registered agent to accept service of pro	cess for the above stated corpo	oration at the place designated in	
this certificate, I a	m familiar with and accept the appointment as	registered agent and agree to a	ect in this capacity	
	106			
W	15 Ju au 70/1		May 10, 2011	
	Required Signature/Registered Agent		Date	
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a	
	epartment of State constitutes a third degree fe			
. –	and the			
/	Me Quall 5/10/11		May 10, 2011	
	Required Signature/Incorporator	<del> </del>	Date	
	\ / /		: <del>-</del>	