

P11000050590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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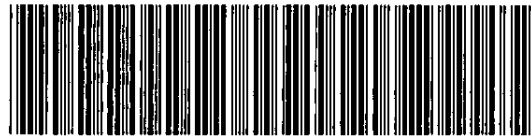
(Business Entity Name)

(Document Number)

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

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04/06/11--01026--022 \*\*87.50

FILED  
11 MAY 26 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/27/11

W11-19800



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY 26 AM 10:41  
DIVISION OF CORPORATIONS

April 7, 2011

CHARISSE LASURE  
11102 HILLWOOD DRIVE  
SANFORD, FL 32771

SUBJECT: SIGNATURE SERVICES INC.  
Ref. Number: W11000019800

We have received your document for SIGNATURE SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L04000082766 (SIGNATURE SERVICES, LLC).

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00008511

## COVER LETTER

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

SUBJECT: Signature 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: Charisse Lasure  
Name (Printed or typed)

11102 Hillwood Dr.  
Address

Sanford, FL - 32771  
City, State & Zip

(407) 373-4986  
Daytime Telephone number

charisselasure@rocketmail.com  
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:

**Signature Business Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11102 Hillwood Dr.  
Sanford, FL  
32771

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**to provide customer service for major businesses.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1**

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

Name and Title: Charisse Lasure, President

Address:

11102 Hillwood Drive  
Sanford, FL 32771

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:

Charisse Lasure

Address:

11102 Hillwood Dr.  
Sanford, FL 32771

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Charisse Lasure

Address:

11102 Hillwood Dr.  
Sanford, FL 32771

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.

Charisse Lasure

Required Signature/Registered Agent

3/21/11  
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.

Charisse Lasure

Required Signature/Incorporator

3/21/11  
Date

FILED  
11 MAY 26 PM 1:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA