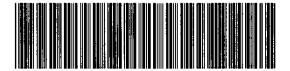
PIDOSHA

(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:					

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2011

CLIFFORD T CASE 510 A W VIRGINIA ST TALLAHASSEE, FL 32301

CONCIEPAL SUBJECT: ELEVATED/SERVICES INC.

Ref. Number: W11000030474

We have received your document for ELEVATED 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.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 811A00013627

COVER LETTER

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

SUBJECT:	Elevated Se	ATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCLUDE SUFFIX</u>)				
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 & Certificate of Status				
		ADDITIONAL COPY REQUIRED				
FROM:	Clifford Nam	Case (Printed or typed)				
	510 A W	Virginia Street				
Tallahassee, FL, 32301 City, State & Zip						
Daytime Telephone number						
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 N	AME oration shall be: Elevate	ed. Service	es Inc.	
ARTICLE II P.	RINCIPAL OFFICE Principal street address SIO A Virginia allahassee, FL 32	MORRIS DAME	Mailing address, if different is:	:
ARTICLE III PU	JRPOSE			
The purpose for which Elevated as well	th the corporation is organized is: Services Inc. when as ear defails Il specialize in hed by.	ill provide par	rking services to the public. Elevat	o constants ed services
eontrac ARTICLE IV S	ill specialize in hed by.	any concierge	e servue needed	by establishme
	of stock is: 200 \$1	Shares		
ARTICLE V III Name and Title Address:	SID A WYNG Tallahussee, FL	IRECTORS (President and Time and Time S) Address:		
Name and Title Address:	: Chffood T Case	(Secretary) Name and T Address:	itle:	SECRETAR IVISION OF
Name and Title Address:	Clifford T Case	(Near Name and T Address:	itle:	ED STATE CORPORATION 3: 2:
APTICI E III D	EGISTERED AGENT			
	a street address (P.O. Box NOT ac CI. Fford T (a) 510 4 W VICGINI Talluhassee FL, 3.	<u>e</u> 5+.	agent is:	
	Sign of the Incorporator is: Chickord T Car Sign A W Vign Tallah see Fly	ve_		
Having been named this certificate, I am fo	as registered agent to accept service amiliar with and accept the appoints	ment as registered agent ar	nd agree to act in this capacity	
	Required Signature/Registered	Agent	Date	1/2011
	nt and affirm that the facts stated rtment of State constitutes a third d	herein are true. I am awa		ıbmitted in a
				1/000

Required Signature/Incorporator