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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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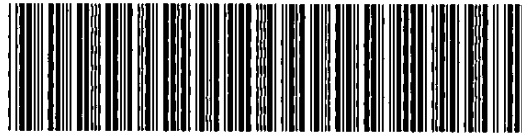
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAJ 51 JUN 15 2011  
SIXERS 7

## COVER LETTER

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

SUBJECT: IN SERVICE TO OTHERS, 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: CRAIG JUNGWIRTH  
Name (Printed or typed)  
228 PARK AVENUE SOUTH, SUITE 10379  
Address  
NEW YORK, NY 10003  
City, State & Zip  
(323) 843-2214  
Daytime Telephone number  
CRAIG - JUNGWIRTH@ALUM.MIT.  
E-mail address: (to be used for future annual report notification)

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11 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

IN SERVICE TO OTHERS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1109 EAST LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

Mailing address, if different is:

228 PARK AVENUE SOUTH  
SUITE 10379  
NEW YORK, NY 10003

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

Name and Title: CRAIG A. JUNGWIRTH, PRES

Address: 228 PARK AVE, SOUTH  
SUITE 10379  
NEW YORK, NY 10003

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: GABRIELA VIZCAYA / CRAIG JUNGWIRTH  
Address: 100 NIF 23RD ST.  
VALTON MANOR FL 33305

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CRAIG JUNGWIRTH  
Address: 228 PARK AVE. SOUTH, STE 10379  
NEW YORK, NY 10003

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

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14 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/15/11

6/15/11

6/15/11

TO: FL DEPT OF STATE

I, CRAIG JUNGWIRTH, AM THE  
OWNER OF DV SERVICE TO OTHERS LLC  
AND I WILL NOT REVOKE THE  
DISSOLUTION



CRAIG JUNGWIRTH

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JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA