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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	VAIT MAIL		
(Business E	intity Name)		
(Document Number)			
Certified Copies Ce	ertificates of Status		
Special Instructions to Filing Officer:			

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

PH 4: 36

COVER LETTER

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

SUBJECT: 6	eent American (PROPOSED CORPORA	MOVING + S) Joearc <u>Sel</u> ukes DESUFFIX	,
SUBJECT: GLEAT AMELICAN MOVING + STORAGE SELVKES OF SO, PL INC OF SO, PL INC				
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: hours Madzella Name (Printed or typed)				
· -	1201 50	OCCAN DA	Apt 1102	\mathcal{L}_{v}
How wood Fl. 33019 City, State & Zip				
_	951. 439-	1943 -	954 486-6300	
Daytime Telephone number OMADZ @ AH. WET E-mail address: (to be used for future annual report politication)				

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)

The name of the corporation shall be: OF So. FL. INC	Service +
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	
Principal street address 38 The Mailing address, if different is	;
LAUDEL dale LAKE FL.	
ARTICLE III PURPOSE 333/	2 2 2 3 3 3 3 3 3 3 3 3 3
The purpose for which the corporation is organized is:	
Move of Res + lun-	FILE EP -2
ARTICLE IV SHARES The number of shares of stock is: 100	- 4: 36
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	G,
Name and Title: Louis MAU76/1A Name and Title: VES	<u> </u>
Address: Address: 1201 80	Ocene 1) h
1/011/wood FC 33019 1/011/ WOOD	33019
Name and Title: Address: Name and Title: Address:	

Name and Title: JAUE MANZEIIA Name and Title: Two.	
Address: Address: Address:	•
HOW WOOD FL 33019	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name:	
Address: <u>9906 w.w. 38</u> 57	
HAUDOLDAIC CALC FL 33311	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Louis MANZE/A	
Address: 1201 So Ocean Dr. Jony wood FL 33018	
riaving 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	Α.
Leve Milyle Sept	1-8011
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 stated document to the Department of State-constitutes a third degree felony as provided for in s.817.155, F.S.	ubmitted in a
	1211
Required Signature/Incorporator Da	1 2011