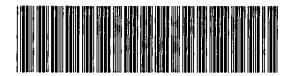
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J. Shivers DEC 1 3 2011

COVER LETTER

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

SUBJECT: Lift Station Services, Inc						
(PROPOSED CORPORATE 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 \$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: Arthur G Carbone Name (Printed or typed)						
1738 Alt 19 S	ddress	2011 DEC 12 SEERETARY TALLAHASSEE	Cal Bridge Span			
727 786-1600 Daytime To	elephone number	PH 22 LO	The same of the sa			
tedfcpa@aol.com	for future annual report no					

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address 1738 Alt 19 South Tarpon Springs, FL 34689 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Arthur G Carbone, President Address: 1738 Alt 19 South Address: Tarpon Springs, FL 34689 Name and Title: Name and Title: Address: Addre	ARTICLE I The name of the o	NAME Lift Station Services locorporation shall be:	PRC, Inc		
Principal street address 1738 Alt 19 South Tarpon Springs, FL 34689 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: 1738 Alt 19 South Address: 1738 Alt 19 South Address: 1738 Alt 19 South Address: Ad	ARTICLE II	PRINCIPAL OFFICE			
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Address: Name and Title: Address: Name and Title: Address: Addr	Name and	Title	Name and Title:		
Name and Title: Address: The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, FL 34683		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: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, FL 34683	1144.000.				
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, Fl. 34683 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, Fl. 34683 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, Fl. 34683.	ARTICLE VI	REGISTERED AGENT			
Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, Fl. 34683 ARTICLE VII INCORPORATOR The name and address of the Incompositor is:			of the registered agent is:		
Palm Harbor, Fl. 34683 ARTICLE VII INCORPORATOR The name and address of the Incomprator is:				E o 2	
ARTICLE VII INCORPORATOR The name and address of the Incompositor is:	Address:			FG =	
The name and address of the Incorporator is:		Palm Harbor, FL 34683	<u> </u>		
The name and address of the Incorporator is:	ARTICLE VII	INCORPORATOR		AST C A	
				SERVICE	
Name: Ted Freidinger Address: 1114 Florida Avenue, Suite B Palm Harbor, FL 34683	Address:	1114 Florida Avenue, Suite B			
The state and th		,		face may	
Having been named as registered agent to accept service of process for the above stated corporation at the place Jesignated in	Having been na	med as registered agent to accept service of proc	ess for the above stated corpor	ration at the place fesignated in	
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	this certificate, I	am familiar with and accept the appointment as r	egistered agent and agree to ac	t in this capacity	
Jack Land Jele/11		1		12/1/11	
Required Signature/Registered Agent Date		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.	I submit this do	cument and affirm that the facts stated herein a	re true. I am aware that the f		
12/8/11		,		12/8/11	
Required Signature/Incorporator Date	- Tal	Required renature/Incorporator		Date	