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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

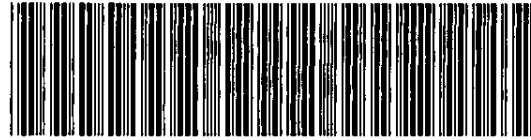
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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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 - 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: Arthur G Carbone
Name (Printed or typed)

1738 Alt 19 S
Address

Tarpon Springs, FL 34689
City, State & Zip

727 786-1600
Daytime Telephone number

tedfcpa@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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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 Lift Station Services PRC, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1738 Alt 19 South, Tarpon Springs, FL 34689
Mailing address, if different is:

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, Tarpon Springs, FL 34689

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

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Ted Freidinger
Address: 1114 Florida Avenue, Suite B, Palm Harbor, FL 34683

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: [Signature] Date: 12/18/11

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: [Signature] Date: 12/18/11

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