

P/20000/6658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

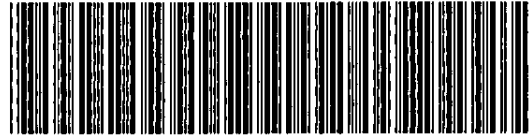
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12 FEB 16 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W12-5782



RECEIVED

12 FEB 16 PM 3:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2012

NATALIE FUENTES
4161 POT O' GOLD STREET
WEST PALM BEACH, FL 33406

SUBJECT: SERVICE LINK INC.
Ref. Number: W12000005782

We have received your document for SERVICE LINK 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.

The document number of the name conflict is M11000005479 (SERVICELINK, LLC).

Please list the city name in it's entirety; abbreviation is not acceptable.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 812A00003148

COVER LETTER

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

SUBJECT: Service Link 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: Natalie Fuentes
Name (Printed or typed)
4161 Pot O' Gold Street
Address
West Palm Beach FL, 33406
City, State & Zip
(561) 255-8626
Daytime Telephone number
Thenatbo@aol.com
E-mail address: (to be used for future annual report notification)

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

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

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Principal street address
4161 Pot O' Gold Street

West Palm Beach, ~~FL~~ FL, 33406

Mailing address, if different is:

The purpose for which the corporation is organized is:

To provide services such as window cleaning to the community.

The number of shares of stock is: 1,000

Name and Title: NATHAN FURNACE / CEO

Address: 46 Pot O' Gold Street

Name and Title:

Address:

Name and Title Cristos Fuentes/President

Address: 416 Pot O' Gold Street

Name and Title:

Address:

Name and Title: Jeff Houston Vice President

Address: 4161 Pot O' Gold Street

Author and Title:

Address:

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NATHAN FURNOTES

Address: 416 Pot O' Gold Street

The name and address of the Incorporator is:

Name: NATHALIE FOENTES

Address: 410 PO Box 600 Street

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

1/24/2012

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

1/24/2012

Date _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA