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12 APR 16 PM 12: 03

FLORIDA DEPARTMENT OF STATE JALLAHASSEE, FLORIDA Division of Corporations

April 4, 2012

JOANNA KIJEWSKI 6132 NW SNOOK COURT PORT ST LUCIE, FL 34983

SUBJECT: PSL MAINTENANCE SERVICES, INC.

Ref. Number: W12000018872

We have received your document for PSL MAINTENANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 012A00011022

COVER LETTER

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

SUBJECT: PSL Maintenance Serv	ices, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <mark>Joanna Kijewski</mark> Name	(Printed or typed)
6132 NW Snook Court	Address
Port St. Lucie, FL 3498;	3 State & Zip
772-879-3766 Daytime To	elephone number
psllandscape@bellsouth. E-mail address: (to be used	net for future annual report notification)

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)

SECRETARY OF STATE

BIVISION OF CORPORATIONS

	proporation shall be:	ices, inc.
The hand of the C	riporation shall be.	12 APR 16 AM 10: 49
ARTICLE II	PRINCIPAL OFFICE	•-
	Principal street address	Mailing address, if different is:
		P.O. Box 12067
_	4132 NW SNOOK GT	Fort Pierce, FL 34979
	PTST. LUCIE, FL 349	83 <u> </u>
ARTICLE III	DUDDACE	
	which the corporation is organized is:	
	rden maintenance	
Lawii aliu ya	iden maintenance	
ARTICLE IV	<u>SHARES</u>	
he number of sha	res of stock is:100	
	INITIAL OFFICERS AND/OR DIRECTO	
	itle: Joanna Kijewski, PDS 6132 NW Snook Court	Name and Title:
Address:		
	Port St. Lucie, FL 34983	4 100 100 100 100 100 100 100 100 100 10
		<u> </u>
Name and T	itle:	Name and Title:
Address:		
		<u> </u>
		N
		Name and Title:
Address:		
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Joanna Kijewski	
Address:	6132 NW Spook Court	
	Port St. Lucie, FL 34983	
	•	
RTICLE VII	INCORPORATOR	
	iress of the incorporator is:	
Name:	Joanna Kijewski	
Address:	6132 NW Snook Court	
	Port St. Lucie, FL 34983	
Tavina haan ware	ad as registered agent to accept service of proces	es for the above stated corneration at the place designated
	eu as registerea agent to accept service of proce m familiar with and accept the appointment as re	ss for the above stated corporation at the place designated gistered goest and agree to act in this capacity
us cerujicuie, 1 di	т јаници тип ини иссере те ирроинт е т из ге	gracieu ugein unu ugiee io uci in inis cupicuy
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<u> </u>	anna stilluratil	03/29/2012
Ų	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.