

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/Štate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100230073381

04/23/12--01035--022 **70.00

12 APR 23 PM 3: 00

SECULATIONS OF SECULATIONS OF SECULATION OF SECURATION OF



COVER LETTER

Department of State **New Filing Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: X \$70.00 Filing Fee \$78.75 Filing Fee \$78.75 \$87.50 Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Charlie Stokes
Name (Printed or typed) 37242 New York Aue

352 - 636 - 1239

Daytime Telephone number

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 The name of the corporation shall be:	Drain Service, Inc
Principal OFFICE Principal street address 37242 New York Ave	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: FOR PROFIT: A Legal Corporation	oration
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Charles Stokes Address: Pres 37242 Now york for	Name and Title: Address:
Name and Title: Address:	Name and Title: Address:
Name and Title:Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: Stokes Address: 37242 New York (Augustus)	of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Name: Address:	APR 23 PH
Having been named as registered agent to accept service of proof this certificate, I am familiar with and accept the appointment as the service of proof the appointment as the service of proof the appointment as the service of proof the service of proof the appointment as the service of proof the service of proof the appointment as the service of proof the service of the service	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity.
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	Date are true. I am aware that the false information submitted in a
X Mut Required Signature/Incorporator	4 - 18 - 12 Date