## P12000046982

(Requestor's Name)			
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PICK-UP WAIT	MAIL		
(Duninger Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates o	of Status		
Special Instructions to Filing Officer:			
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12 MAY 18 PH 4: 50
SEGNETARY OF STATE
TALLIAHASSEE, FLORIDA

-X 05/21/12

## **COVER LETTER**

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

SUBJECT: RODRIGUEZ AND ASSOCIATES SERVICES INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: MARTHA G RODRIGUE	Z e (Printed or typed)
129 N WABASH AVE	Address
LAKELAND FLORIDA 3	33815 State & Zip
863-937-9290 Daytime T	elephone number
MARTHA6325@YAHOC E-mail address: (to be use	D.COM d 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)

ARTICLE I		OCIATES SERVICE	ES INC
	•		
ARTICLE II	PRINCIPAL OFFICE	\	
	Principal street address 129 N WABASH AVE	Mailing a	address, if different is:
	LAKELAND FL 33815		
ARTICLE III			
INSURANC	which the corporation is organized is:  F		
	_		
	SHARES		
The number of sh	ares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	8	
Name and	Title:MARTHA G RODRIGUEZ	Name and Title:	
Address:	303 E CITRUS HIGHLANDS DR	Address:	
	BARTOW FL 33830		
	· · · · · · · · · · · · · · · · · · ·		
Name and	Title:	Name and Title	
Address:	Title.		
Mana and t	T'Al	Manager 4 Wide	
Address:	Title:	Address	
Address,			
ADDICE DE LO	DECIGERED ACESES		<del>€</del> ;
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	12 AL
Name:	MARTHA G RODRIGUEZ	the registered agent is:	An Th
Address:	303 E CITRUS HIGHLANDS DR	•	The Table
	BARTOW FL 33830	- -	88 18
ARTICLE VII	INCORPORATOR		ار مین
	Idress of the Incorporator is:		
Name:	MARTHA G RODRIGUEZ		54 £ 55
Address:	303 E CITRUS HIGHLANDS DR	•	<u>≥</u> ≧
	BARTOW FL 33830		
rr		6 4h - 4h - 4-4-4 - 4-4-4	
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi		
	um junganur waygunu gecept the appointment us rega	sierea ageni una agree io i	ici in ims capacity
11/1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	& MMINI		05/16/2012
Moura	Required Signature/Registered Agent	<del></del>	Date
·	Required Signature Registered Agent		Date
submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
document to the l	Department of State constitutes a third degree felony	as provided for in s.817.1.	55, F.S.
الما ال	// /// /\		<16.12
MUU	va x M		J/8/-
<b>~</b> -	Required Signature Incorporator		Date