P/20000497/9

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
•		

Office Use Only



200235036572

05/14/12--01020--012 **87.50

12 HAY 29 PH 12: U.6
SECULTAR (U.F STATE

W12-27/33

N 05/30/12



FLORIDA DEPARTMENT OF STATE Division of Corporations

MECEIVED

12 HAY 29 PM 4:51

BEFERRY OF STATE

ALLEYSSEE H OHO

May 16, 2012

MELISSA B. OVERTON 3432 SILVER MEADOW WAY PLANT CITY, FL 33566

SUBJECT: WALDEN SERVICE CORP

Ref. Number: W12000027133

We have received your document for WALDEN SERVICE CORP 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000031837 (WALDEN SERVICES, INC.).

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 312A00014452

COVER LETTER

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

SUBJECT: Walder Sewice Cord (PROPOSED CORPORATE NAME - MUSTINCLUDE SUFFIX)		
(PROPOSED CORPORATE NAME – MUSTINCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Me 1555 5. Uvertool Name (Printed or typed)		
3432 Silver Meadow Way		
Plant City, State & Zip		
813 - 482-5548 Daytime Telephone number		
Mononceon Photosil, com F-mail address: (to be used for future annual report politication)		

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) PROPERTY SERVICE COMP. ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: INCorporate Lew service coep ARTICLE IV SHARES The number of shares of stock is: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:_ Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Melisso B Oren Name: Address: į ė COMMONDER. Francia ARTICLE VII INCORPORATOR The name and address of the Incorporator is Name: gamut Address: 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 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