

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Pattis Tre Oc	orting Services Inc. TENAMET MUST INCLUDE SUFFIX)		
·			
Enclosed are an original and one (1) copy of the artic	cles 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		
	ADDITIONAL COPY REQUIRED		
FROM: PAtricia Pi			
4158 Shady Oaks Court			
<u>Sarasata</u>	F2 34233 State & Zip		
941-302- Daytime T	2389 Telephone number		
Sarasota Reporting 2 amail. Com E-mail address: (to be used 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 NATTONIA The name of the corpora		ting Servi	ces, Inc.
ARTICLE II PRI	NCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	58 Shady Daks Court Sarasoto, FL 34233	-	
	the corporation is organized is: t stenography anscription.		
ARTICLE IV SH. The number of shares of	ARES Stock is:		
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS		
Address:	Patricia filarsti - persiden 4158 Shada Daks Court Sarasota, FL 34233	Name and Title: Address:	<u> </u>
Name and Title:	VIII.		
Name and Title:_ Address:		Name and Title: Address:	1 1 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1
ARTICLE VI REC	GISTERED AGENT		The state of the s
	street address (P.O. Box NOT acceptable) of t	he registered agent is:	
Name:	TATRICIA PILITER		
Address:	4158 Shady Caks Cru	ict	
	Sarasota) FL 342	>> ·	
•	CORPORATOR		F 37
The name and address Name: Address:	PATRIMA MILLIANSKI	:Court	
Having been named as this certificate, I am fan	registered agent to accept service of process niliar with and accept the appointment as regis	for the above stated con tered agent and agree to	poration at the place designated in act in this capacity
+otoin.	a Vilauski)		10-1-17
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	t and affirm that the facts stated herein are t ment of State constitutes a third degree felony	rue. I am aware that th as provided for in s.817.	ne false information submitted in a 155, F.S.
40+0	Dicia Library		10-1-17
1 (1)	Required Signature/Incorporator		Date