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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
 Account Number : I20100000060
 Phone : (305) 828-1148
 Fax Number : (305) 828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PRO SERVICES SEWER INSPECTION CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
 TALAHASSEE, FLORIDA

SECRETARY OF STATE
 TALAHASSEE, FLORIDA

12 SEP 10 AM 10:54

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9/10/2012

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

PRO SERVICES SEWER INSPECTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

17600 NW 68 AVE

HIALEAH FL 33015

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDO LOPEZ PRESIDENT

Address: 17600 NW 68 AVE

HIALEAH FL 33015

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) of the registered agent is:

Name: ALFREDO LOPEZ

Address: 17600 NW 68 AVE

HIALEAH FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFREDO LOPEZ

Address: 17600 NW 68 AVE

HIALEAH FL 33015

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

09/10/2012

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.

Required Signature/Incorporator

09/10/2012

Date