P12000078639

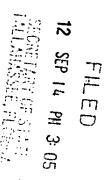
| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| W12-45955 | | | |

Office Use Only



400239143244

09/04/12--01034--001 **87.50



IH

COVER LETTER

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

| Tallahassee, FL 32314 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| SUBJECT: 4.1. SQVVCES (PROPOSED CORPORA | OC. TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the arti | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Alberto Lazane | (Printed or typed) |
| III manoel Ln | Address |
| Davenport Fl & City, | 33837 State & Zip |
| <u>407 - 949 - 7630</u> Daytime To | elephone number |
| E-mail address: (to be used | for future annual report notification) |

NOTE: Please provide the original and one copy of the articles.



September 5, 2012

ALBERTO LAZANEY 111 MANOEL LN DAVENPORT, FL 33837

SUBJECT: A.L. SERVICES INC. Ref. Number: W12000045955

We have received your document for A.L. SERVICES INC. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 212A00022491

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

| ARTICLE I | IAME | Sarvices | IN FH ED |
|--------------------------|-------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|
| The name of the corp | VAME oration shall be: Alberto: Lazaney | JEI VILES | INC. INC. U |
| ARTICLE II F | PRINCIPAL OFFICE | | 14 SEP 14 PH 3: DE |
| , | Principal street address | | Mailing address, if different is: |
| -/ | Manoe I In | - | SEGRETARY OF CIAC |
| _42 | 402 N DOCT - FT 33881 | | THE PUBLISHER PLONE. |
| | | | \$2 . |
| ARTICLE III P | | | |
| The purpose for which | ch the corporation is organized is: | | |
| DANASCAPIN | on the corporation is organized is: 9. Cleaning Vacation Homes, 1 Exture tiles links election | iqut plumbi | ngilialy HVAC, |
| taunting, 7 | Exture, tiles, light electricite | 1 | , , |
| · | | 1 | |
| | | | |
| ARTICLE IV S | HARES | | |
| The number of shares | of stock is: | | |
| ARTICLE V II | NITIAL OFFICERS AND/OR DIRECTORS | 3 | |
| Name and Title | : Alberto Lazaney lowner | Name and Title: | • |
| Address: | : Alberto Lazaney (Owner) | Address: | |
| | DAVERPORT F1 33837 | • | |
| | | | |
| Name and Title | ZZI nicHolson Dia | Name and Title | |
| Address: | 221 nicHolson DR | Address: | |
| | Davenport Fl 33837 | | |
| | | | |
| Name and Title | o: | Name and Title | • |
| Address: | | Address: | |
| | · 48 48 4 5 5 5 | | ξ, |
| | | | |
| ARTICLE VI R | EGISTERED AGENT | | |
| | la street address (P.Q. Box NOT acceptable) of | the registered ager | nt is: |
| Name: | Alberto Lazaney | | |
| Address: | III manoel In | | |
| | DAVENPORT FI 33837 | | |
| ARTICLE VII II | NCORPORATOR | | |
| | ss of the Incorporator is: | | |
| Name: | Alberto lazaney 11) manoci in Davenport F1 33837 | | |
| Address: | Down and Fr 22222 | | |
| | DAVENJOUT 1-1 33031 | | |
| Having been named | as registered agent to accept service of process | for the above sta | ted corporation at the place designated in |
| this certificate, I am f | amiliar with and accept the appointment as regis | tered agent and a | igree to act in this capacity |
| | | | 2/2 /12 |
| | Required Signature/Registered Agent | | 8/30/12 |
| | Required Signature/Registered Agent | | ' Date |
| I submit this docume | ent and affirm that the facts stated herein are t | rue. I am aware | that the false information submitted in a |
| document to the Depo | urtment of State constitutes a third degree felony | as provided for in | s.817.155, F.S. |
| • | | | -1 |
| | | | 8/30/12 |
| | Required Signature/Incorporator | | Date |