

P12000082419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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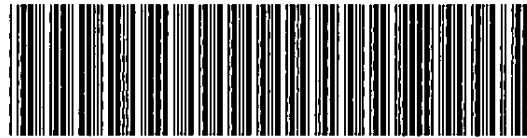
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/27/12--01011--009 **78.75

FILED
12 SEP 27 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch SEP 28 2012

COVER LETTER

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

SUBJECT: U.S. PRO SERVICES, CO.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: JOHENNY MARTINEZ

Name (Printed or typed)

4962 NW 97th Pl

Address

Doral, FL 33178-1973

City, State & Zip

305 401-6640

Daytime Telephone number

ameadv@att.net

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 NAME

The name of the corporation shall be: U.S PRO SERVICES, CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4962 NW 97th PL

Doral, Fl 33178

Mailing address, if different is:

P.o. Box 226576

Miami, Fl 33222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johenny Martinez, President

Address: 4962 NW 97th PL

Doral, Fl 33178

Name and Title: Luis A. Montalvo, Secretary

Address: 4962 NW 97th PL

Doral, Fl 33178

Name and Title: Nestor Martinez, Vice President

Address: 4962 NW 97th PL

Doral, Fl 33178

Name and Title: Luis Carlos Montalvo, Treasurer

Address: 4962 NW 97th PL

Doral, Fl 33178

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: Luis Montalvo

Address: 4962 NW 97th PL

Doral, Fl 33178

ARTICLE VII INCORPORATOR

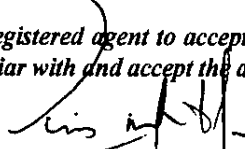
The name and address of the Incorporator is:

Name: Luis Montalvo

Address: 4962 NW 97th PL

Doral, Fl 33178

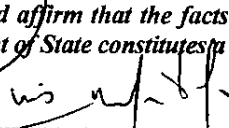
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

09-25-12

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

09-25-12

Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399