P12000/01754

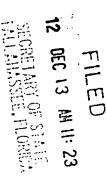
| | (R | equestor's Name) | | |
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| | PICK-UP | ☐ WAIT | MAIL | |
| | /D | usiness Entity Nar | no) | |
| | , , | usiness Emity Nar | ne, | |
| | (D | ocument Number) | | |
| Certified | Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | U.S Elite Servi | ices Inc. | | |
|----------------------|---|---------------------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the arti | icles of incorporation and | l 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 CO | PY REQUIRED | |
| FROM: | Craig Brad | | | |
| | 11600 NW 45+1 | S+ · Address | | |
| _ | Coral Springs fla. 33065 City, State & Zip | | | |
| | 954-59 (Daytime T | 1-6675 | · | |
| | Daytime To Co | | | |
| | E-mail address: (to be used | d for future annual report | notification) | |

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



December 11, 2012

CRAIG BRADY 11600 NW 45TH ST CORAL SPRINGS, FL 33065

SUBJECT: U.S. ELITE SERIVCES INC.

Ref. Number: W12000061282

We have received your document for U.S. ELITE SERIVCES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

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.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Letter Number: 412A00029227

Valerie Herring Regulatory Specialist II New Filing Section

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

| | ANDE U.S Elite RENCEPAL OFFICE | | |
|--|---|---|--|
| | Principal street address | Mailing | address, if different is: |
| | ial springs fla 33065 | | |
| ETICLE III PO | TRPOSE h the corporation is organized is: | | |
| is Corporati | on was organized to range of services to as well as business | | |
| terawial | range of sprvices to | | • |
| ma contract | 95. Well as business | | |
| . Safé and d | sastand maintain a property. | | |
| e number of shares | HARES A | | |
| e number of snares | OI STOCK 18: J. | | |
| RTICLE V II | ATTAL OFFICERS AND/OR DIRECT Craig Brady / Presiden | ORS | |
| Address: | 11600 NW 45th St. | Address: | \$115G |
| | Coul Springs, Fla. 330h | <u> </u> | |
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| | ; | | 2 |
| Address: | | Address: | |
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| Name and Title | E | Name and Title: | |
| Address: | | Address: | |
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| 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | <u>EGIBTERED AGENT</u> <u>la street address (</u> P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | Craia Brady | | |
| Address: | 11600 July 4545 S.F. COVAL SPRINGE Fla. 3306 | _ | |
| | | | |
| | VCORPORATOR use of the Incorporator is: | | |
| Name: | Craig Brady | | |
| Address: | (OCA) Springs +16 33 | አርር ጎ | |
| | ~ | | |
| aving been named is certificate. I am | as registered agent to accept service of pro familian with and accept the appointment as | cess for the above stated corporately corporately | poration at the place designated in to act in this canacity |
| as congresse, 2 and | 101/ | | |
| | 1/1/2 | | 12-12-12 Date |
| | Required Signature/Registered Agent | | Date |
| | ent and affirm that the facts stated herein | | |
| cument to the Dep | ertmeny of State outstitutes a third degree f | idony as provided for in s.81 | 7.155, F.S. |
| | 11/1/1/ | | 12-12-12 |
| | Required Signature/Incorporator | | Date |