## P13000/1456

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | idress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
| ,                       |                    | ·         |
|                         |                    |           |
|                         |                    |           |

Office Use Only



400244208004

02/04/13--01068---029 \*\*78.75

13 FEB -4 PM 2: 26

Ps 2/ P3

## **COVER LETTER**

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

| SUBJECT: Pero        | domo Accounting                              |                                     |   |
|----------------------|--|-------------------------------------|---|
|                      | (PROPOSED CORPORA                            | TE NAME – <u>MUST_INCL</u>          | UDE SUFFIX)   |
| Enclosed are an orig | inal and one (1) copy of the art             | icles of incorporation and          | d 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 |
|                      |  | ADDITIONAL CO                       |   |
| <del></del>          |  | e (Printed or typed)                |   |
| 59                   | 915 Fillmore Stre                            |                                     |   |
| Н                    | ollywood, FL 330                             | Address                             |   |
|                      |  | State & Zip                         |   |
| 95                   | 54-864-2503                                  |                                     |   |
|                      | Daytime T                                    | elephone number                     |   |
| sp                   | erdomo_22@live.c                             |                                     |   |
|                      | E-mail address: (to be use                   | ed 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) SECRETARY OF STATE DIVISION OF CORPORATIONS

| The name of the corpora   |  | ing Services, Inc <sub>13 FEB -4 PM 2</sub> : 26 |
|---------------------------|--|--|
|                           | <b>NCIPAL OFFICE</b> Principal <b>street</b> address | Mailing address, if different is:                |
| 5915 Fillmore             |  | Mailing address, if different is.                |
| Hollywood, Fl             |  |  |
| Tony wood, 1 i            |  | <del></del>                                      |
|                           | <del></del>  |  |
| The purpose for which the | POSE he corporation is organized is:                 | nting Services                                   |
|                           |  |  |
|                           | -  |  |
|                           |  |  |
|                           |  | <del> </del>                                     |
|                           |  |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |
| ARTICLE IV SH             | ARES 400   |  |
| The number of shares of   | stock is: 100  |  |
|                           |  | _  |
|                           | rial officers and/or director<br>: Alicia Sanchez    |  |
| Name and Title            |  | Name and Title:                                  |
| Address                   | 5915 Fillmore St. Unit A                             | Address:   |
|                           | Hollywood, FL 33021                                  |  |
|                           |  |  |
|                           |  |  |
| Name and Title            |  |  |
|                           |  | Name and Title:                                  |
| Address                   |  |  |
| Address                   | :  |  |
| Address                   |  |  |
| Address                   |  |  |
|                           |  |  |
| Name and Title            |  |  |
|                           |  |  |
| Name and Title            |  | Address:  Name and Title:  Address:              |

| <b>&gt;</b> 1                           | Letter.   | 1 November 1 Title         | 13 FEB -4 PM 2: 26  |
|---|---|----------------------------|---|
| Name and                                | d Title:  | _' Name and Title:         |   |
| Address                                 |   | _ Address:                 |   |
|   |   |                            |   |
|   |   |                            |   |
|   |   |                            |   |
| ARTICLE VI                              | REGISTERED AGENT  |                            |   |
|   | orida street address (P.O. Box NOT acceptable) o  | of the registered agent is | s:  |
| Name:                                   | Alicia Sanchez  | _                          |   |
| Address:                                | 5915 Fillmore St. Unit A  |                            |   |
|   | Hollywood, FL 33021   |                            |   |
| ARTICLE VII                             | <u>INCORPORATOR</u>   |                            |   |
| The name and ad                         | dress of the Incorporator is:   |                            |   |
| Name:                                   | Alicia Sanchez  | _                          |   |
| Address:                                | 5915 Fillmore St. Unit A  | <del>_</del>               |   |
|   | Hollywood, FL 33021   | _                          |   |
|   | ned as registered agent to accept service of processim familiar with and accept the appointment as re  Required Signature/Registered Agent      | gistered agent and agr     |   |
| I submit this doci<br>document to the L | Required Signature/Registered Agent  i  ument and affirm that the facts stated herein are Department of State offictivites a third degree felor | true. I am aware tha       | Date<br>t the false information submitted in a<br>817.155, F.S. |
|   | ( )   |                            | 1 30 13   |
|   | Required Signature/Incorporator   |                            | Date  |

## COVER LETTER

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

| SUBJECT: Pero                                | domo Accounting                              | g Services, In-                                    | C  |  |
|--|--|--|--|--|
|  | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>                         | JDE SUFFIX)  |  |
| Enclosed are an original                     | inal and one (1) copy of the art             | icles of incorporation and                         | l a check for:   |  |
| ☐ \$70.00<br>Filing Fee                      | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |  |
| FROM: Alicia Sanchez Name (Printed or typed) |  |  |  |  |
| 59   | 15 Fillmore Stre                             | •••  |  |  |
| Н  | ollywood, FL 330                             | )21  |  |  |

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

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

954-864-2503

sperdomo\_22@live.com