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(1	Requestor's Name)
(,	Address)
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	City/State/Zip/Phone #)
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PICK-UP	. WAIT MAIL
	
(1	Business Entity Name)
(1	Document Number)
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Certified Copies	Certificates 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: Trotessional Care (PROPOSED CORPORA)	serk Serv	ice Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	<u>ude seffix</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
Sec Enclosed	Sec Enclosed ADDITIONAL COPY REQU	
FROM: Henry Black Name	Stock (Printed or typed) ado Orive (ddress	5
Ponte Vedne City,	Seach, 310 State & Zip	rida 32082
904 - 860 - 9 Daytime Te	8660 Elephone number	
hank blackstock a E-mail address: (to be used) 46 hox Com For future annual report	notification)

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2013

HENRY BLACKSTOCK 170 DEL PRADO DRIVE PONTE VEDRA BEACH, FL 32082

SUBJECT: PROFESSIONAL CAR SERVICE, INC.

Ref. Number: W13000007332

We have received your document for PROFESSIONAL CAR SERVICE, INC. and your check(s) totaling \$78.75. 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.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 013A00002915

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

ne name of the corpo	ration shall be: Professional	Carperk	Service, INC
RTICLE II PE	Principal street address	•	ling address, if different is:
10 Del	Prado Pr.		
	ledra Beach, JL		
<u> </u>	08 2	 	
he purpose for which	th the corporation is organized is:	vicle for	hire
Car se	rvice		
			10000000000000000000000000000000000000
		 	
			7.0
	· · · · · · · · · · · · · · · · · · ·		
	HTTIAL OFFICERS AND/OR DIRECTOR		
Address	170 Del Prada Drive		
	Ponte Ved na Beach,	FL _	
	32082		
No	1	Name and Title	
	le:		
Name and Tit	le:		
Address		Address:	
Address		Address:	

Name and Water		Name and Tister	FILED
_		Name and Title:	13 MAR -7 PM 4: 09
Address		Address:	SEURETARY OF STATE TALLAHASSEF, FLORIDA
The name and Florida structure. Name: Address: Con	ETERED AGENT COT Address (P.O. Box NOT acceptable) of Enry Blackstock Del Prado Dri Te Vedra Beach, 31 =	, v €	nt is:
The name and address of t			
Name: 17	ienry Blackstock O Del Phado Phive	:	
PE	nte Vedra Beach, 3	3208:	2
this Certificate I am familia	istered agent to accept service of process for with and ofcept the appointment as registered Agent	for the above state stered agent and a	ed corporation at the place designated in gree to act in this capacity Date
	d affirm that the facts stated herein are tr at of State constitutes a third degree felony Required Signature/Incorporator		