

P/3000072681

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

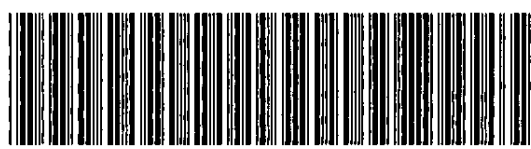
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 AUG 29 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-46048

09/04/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2013

WILMER AGUIRRE  
7437 SW 104 PL  
MIAMI, FL 33173

SUBJECT: COMPLETE SERVICES, INC.  
Ref. Number: W13000046048

We have received your document for COMPLETE SERVICES, 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.

The document number of the name conflict is P13000003145 (COMPLETE SERVICES CORP).

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00019710

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13 AUG 29 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** COMPLETE TRANSPORTATION & LANGUAGES SERVICES, INC  
(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: WILMER AGUIRRE**

Name (Printed or typed)

**7437 SW 104 PL**

Address

**MIAMI, FL. 33173**

City, State & Zip

**786-448-0909**

Daytime Telephone number

**ritika1341@hotmail.com**

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: COMPLETE TRANSPORTATION & LANGUAGE SERVICES, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7437 SW 104 PL.

MIAMI, FL. 33173

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORTATION & LANGUAGE SERVICES

**ARTICLE IV    SHARES**

The number of shares of stock is: 10

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: WILMER AGUIRRE, PRESIDENT

Name and Title: \_\_\_\_\_

Address

7437 SW 104 PL

Address: \_\_\_\_\_

MIAMI, FL 33173

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

FILED  
13 AUG 29 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: WILMER AGUIRRE  
Address: 7437 SW 104 PL  
MIAMI, FL 33173

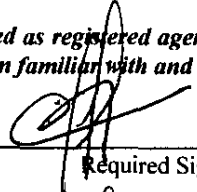
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13 AUG 29 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: WILMER AGUIRRE  
Address: 7437 SW 104 PL  
MIAMI, FL. 33173

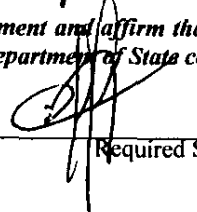
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X   
Required Signature/Registered Agent

08/27/2013

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.*

X   
Required Signature/Incorporator

08/27/2013

Date