Ply Down action

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				



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CARMEL SERVICES, INC, INC. 10412 NW 7th Avenue Miami, FL 33150 954-383-8873

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

February 27, 2014

Subject: Release of Corporation Name

This is to certify that I am the president of CARMEL SERVICES, INC, INC. listed under document No: P95000074520, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Marie C. SULLY,

COVER LETTER

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

SUBJECT: CAF	RMEL SERVICES	S, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
			1 1 6
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: C	ARMEL SERVIC	CES, INC.	
10)412 N.W. 7TH <i>A</i>	AVENUE	
		Address	
M	IAMI, FL 33150		
	City,	State & Zip	
30	5-759-0039		
	Daytime T	elephone number	
al	_mayungbe@yahoo	o.com	
•	E-mail address: (to be use	d 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)

e name of the corpo			
<u> TICLE II </u>	Principal street address	Mailing addre	ss, if different is:
0412 N.W.	7TH AVENUE	-	
IIAMI, FL 3	3150		
PTICLE III PU	RPOSE and the corporation is organized is:	all lawful busines	SS
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			14 HAR
	······································		-
	101-101-101-101-101-101-101-101-101-101		3
 			
		· · · · · · · · · · · · · · · · · · ·	
RTICLE IV SP	IARES 1,000		
RTICLE V IN	IARES of stock is: 1,000 IITIAL OFFICERS AND/OR DIRECTORS tle: MARIE C SULLY, Pres.	Name and Title:	
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS		
Name and Ti	ITIAL OFFICERS AND/OR DIRECTORS	Name and Title:	
Name and Ti Address	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150	Name and Title:Address:	
Name and Ti Address Name and Tit	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150 CHARLES ANGLADE	Name and Title: Address: Name and Title:	
Name and Ti Address	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150 CHARLES ANGLADE	Name and Title:Address:	
Name and Ti Address Name and Tit	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150 CHARLES ANGLADE 10412 N.W. 7TH AVENUE	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit Address	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150 CHARLES ANGLADE 10412 N.W. 7TH AVENUE	Name and Title: Address: Name and Title: Address:	
Name and Ti Address Name and Tit Address	MARIE C SULLY, Pres. 10412 N.W. 7TH AVENUE MIAMI, FL 33150 10412 N.W. 7TH AVENUE MIAMI, FL 33150	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
Name:	orida street address (P.O. Box NOT acceptable) of ALBERT A MAYUNGBE, CPA	the registered agent is:
Address:	111 NW 183rd Street, #402	R - F
	Miami, FL 33169	Fregerokans
ARTICLE VII	INCORPORATOR	the registered agent is:
The name and ad	dress of the Incorporator is:	
Name:	MARIE C SULLY	
Address:	10412 N.W. 7TH AVENUE	
	MIAMI, FL 33150	
Having been nam this certificate, I a	ned as registered agent to accept service of process on familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Required Signature/Registered Agent	02/28/2014
I submit this doci		rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
- Han	Required Signature/Incorporator	02/28/2014
1	2 /	