P14000031390

(Red	questor's Name)		
(Add	dress)		
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(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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COVER LETTER

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

SUBJECT: Acc	curate General Se	rvices Group,	Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Cristiano Felix		
_		(Printed or typed)	
3	8829 School House	Rd E # 4	
	P	Address	
F	Fort Myers, FL 339	16	
	City,	State & Zip	
2	239- 226-4455		

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

Daytime Telephone number

brasent1@gmail.com

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



March 25, 2014

CRISTIANO FELIX 3829 SCHOOLHOUSE RD. EAST UNIT 4 FT MYERS, FL 33916

SUBJECT: ACCURATE SERVICES CORP

Ref. Number: W14000018958

We have received your document for ACCURATE SERVICES CORP and your check(s) totaling \$. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable. Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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: 814A00006404

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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

The name of the corporat	ion shall be: ACCURATE GENE	RAL SERV	ICES GROUP, INC.
	NCIPAL OFFICE		
	Principal <u>street</u> address HOUSE ROAD EAST		Mailing address, if different is:
UNIT 4			
FORT MYERS	EFI 3316		
TOKT WILKS	5,1 L 33 10		
The purpose for which the	POSE ne corporation is organized is:		
	· -		
ANY AND ALL	LAWFULL BUSINESS	*	1 SEVICE
			PR IONE
			# 87E
			A ROPUS
			5 ∰
ARTICLE V INIT			
	RAIDABEL FELIX-PRESIDENT	Name and Title	CRISTIANO FELIX- DIRECTOR
Address	3829 SCHOOLHOUSE ROAD EAST	Address:	3829 SCHOOLHOUSE ROAD EAST
Aduress	UNIT 4		UNIT 4
	FORT MYERS, FL 33916		FORT MYERS,FL 33916
Name and Title:	,	Name and Title	
Address		Address:	
			•
Name and Title:		Name and Title	:
Address	And have a continue to the first that the state of the st	Address:	

Name and	d Title:	Name and Title:
Address		Address:
		
		
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of RAIDABEL FELIX	the registered agent is:
Address:	3829 SCHOOL HOUSE RD EAST	
	FORT MYERS,FL 33916	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	RAIDABEL FELIX	
Address:	3829 SCHOOL HOUSE RD EAST	
	FORT MYERS, FL 33916	
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
	Required Signature/Incorporator	04-02-14 Date
	7	