



**COVER LETTER**

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

**SUBJECT:** White's Professional 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Krysta Svelling White  
Name (Printed or typed)  
562 Drawdy Way  
Address  
Sebastian, Fl 32958  
City, State & Zip  
772-473-8612  
Daytime Telephone number  
klwhite772@yahoo.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** White's Professional Services, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
562 Drawdy Way  
Sebastian Fl 32958

Mailing address, if different is:  
PO Box 780987  
Sebastian FL 32978

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Professional consultant and property  
preservation and maintenance for commercial and residential  
properties.

FILED  
14 MAR -2 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**  
The number of shares of stock is: 1

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

Name and Title: <u>Krysta Svelling White</u>	Name and Title: <u>Krysta Svelling White</u>
Address: <u>562 Drawdy Way</u>	Address: <u>President</u>
<u>Sebastian FL 32958</u>	

Name and Title: <u>Krysta Svelling White</u>	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

(conti.)

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

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 14 MAY - 2 PM 2:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Krysta Svelling White  
 Address: 562 Drawdy Way  
Sebastian Fl 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Krysta Svelling White  
 Address: 562 Drawdy Way  
Sebastian Fl 32958

*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*

*Krysta Svelling White* Krysta Svelling White 4.30.2014  
 Required Signature/Registered Agent 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.*

*Krysta Svelling White* Krysta Svelling White 4.30.2014  
 Required Signature/Incorporator Date