

P14000041178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

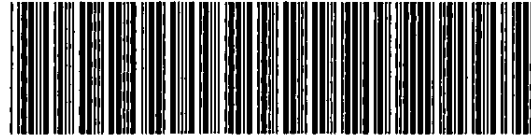
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/14--01007--017 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY - 7 PM 1:58

UH

COVER LETTER

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

SUBJECT: ASO 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: Dianne Stephens

Name (Printed or typed)

18300 US 27

Address

Lake Wales, FL 33859

City, State & Zip

863-232-4651

Daytime Telephone number

accounting@welborncompanies.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY -7 PM 1:50

ARTICLE I NAME
The name of the corporation shall be: ASO Services Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address

18300 US 27
Lake Wales, FL 33859

Mailing address, if different is:

PO Box 672
Lake Wales, FL 33859

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful business

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles P Welborn Jr / Pres. Name and Title: _____
Address: PO Box 672 Address: _____
Lake Wales, FL 33859

Name and Title: Dianne Stephens / Sec.-Treas. Name and Title: _____
Address: PO Box 672 Address: _____
Lake Wales, FL 33859

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

(cont.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

2014 MAY -7 PM 1:58

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:

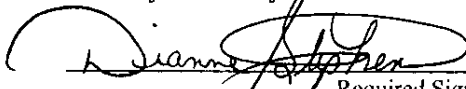
Name: Dianne Stephens
 Address: 18300 US 27
Lake Wales, FL 33859

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dianne Stephens
 Address: PO Box 672
Lake Wales, FL 33859

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




 Required Signature/Registered Agent

05/02/14

 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.



 Required Signature/Incorporator

05/02/14

 Date