## P/400063747

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			



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## TALLAHASSI ELLECRIFLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2014

AYMEE MINAYA 608 CROSSFIELD CIRCLE NAPLES, FL 34104

SUBJECT: CDRS PROFESSIONAL SERVICES INC

Ref. Number: W14000043182

We have received your document for CDRS PROFESSIONAL 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):

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 514A00015092

## **COVER LETTER** .

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

CDRS	S PROFESSIONAL SERVIC	ES INC	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	YMEE MINAYA	e (Printed or typed)	
60	8 CROSSFIELD CIRCLE		
	1	Address	
N/	APLES, FL 34104		
_	•	State & Zip	
34	7-366-0739		
	•	elephone number	<del></del>
CI 	DRSPROFF@ME.COM		
	E-mail address: (to be use	d for future annual report	notification)

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

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

ARTICLE I NA The name of the corpor	ME CDRS PROFESSIONA ration shall be:	L SERVICES	INC	
•	ICLE II PRINCIPAL OFFICE  Principal street address		Mailing address, if different is:	
608 CROSSFIEI			maning address, it different is.	
NAPLES, FL. 34	104			
ARTICLE III PU	RPOSE			
The purpose for which	the corporation is organized is: AND ACCOUNTING SERVICES			267
			<del></del>	V.
				(E)
	·		P	# ]]] ==================================
			12: 2:	- 3
			ص 	*
ARTICLE V IN		SS  Name and Title		
Address	608 CROSSFIELD CIRCLE	_ Address:	608 CROSSFIELD CIRC	LE
	NAPLES, FL 34104	-	NAPLES, FL 34104	
Name and Titl	e:	<ul><li>Name and Title</li></ul>	:	
Address		_ Address:		
		_		<del> </del>
Name and Titl	e:	Name and Title	:	
Address				

Name a	and Title: N	ame and Title:
Addre	A	ddress:
ARTICLE VI	<b>REGISTERED AGENT</b> Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
•	AYMEE MINAYA	. 279
Name: Address:	608 CROSSFIELD CIRCLE	A JUL TA
Address.	NAPLES, FL 34104	<b>ဂ</b> ထ
ARTICLE VIII The name and a Name: Address:	ANCORPORATOR  address of the Incorporator is:  AYMEE MINAYA  608 CROSSFIELD CIRCLE  NAPLES, FL 34104	한 경험 위 12: 26
	imed as registered agent to accept service of process for any familiar with and accept the appointment as registe	the above stated corporation at the place designated in red agent and agree to act in this capacity 07-09-2014
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as	e. I am aware that the false information submitted in a provided for in s.817.155, F.S.
	AHMOUG	07/09/2014
$\overline{}$	Required Signature/Incorporator	Date

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