P1400069137

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |





700256910837

02/28/14--01037--008 **78.75

SEARCIARY OF STATE

14 AUG 15 AM 8:50

111KI-13600 m 8/19

COVER LETTER

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

| SUBJECT: ALL | J SERVICES I | INC. | |
|----------------------|--|--|---|
| 56262611 | (PROPOSED CORPO | ORATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the | e articles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: | | YA JULIEN Vame (Printed or typed) | |
| | | NW 14TH Stree | et |
| _ | | e, Forida 33323 | } |

786-487-8136

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

Daytime Telephone number

lat063@aol.com

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2014

LATOYA JULIEN 12693 N.W. 14TH STREET SUNRISE, FL 33323

SUBJECT: ALLJ SERVICES, INC Ref. Number: W14000013602

We have received your document for ALLJ 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 an individual or another active entity filed or registered with this office, having a Florida street address.

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 114A00004603

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

| ARTICLE II PRINCIPAL OFFICE Principal street address 12693 NW 14 Street | | - | Mailing address, if different is: PO Box 121402 | |
|---|---|--|---|--|
| Sunrise FL 33323 | | Fort Lauderda | Fort Lauderdale FL 33312 | |
| | | | Bu 7 | |
| ARTICLE III PUT The purpose for which | the corporation is organized is: Any La | wful Legal Purpose | <u> </u> | |
| | | | # 8: 50 | |
| | | | | |
| | ARES of stock is: 1,000 ITIAL OFFICERS AND/OR DIRECTOR le: Latoya Julien President 12693 NW 14 Street | RS _ Name and Title: Address: | | |
| ARTICLE V IN Name and Ti Address | Latoya Julien President 12693 NW 14 Street Sunrise FL 33323 | Name and Title: Address: | | |
| ARTICLE V IN Name and Ti Address | ITIAL OFFICERS AND/OR DIRECTOR Latoya Julien President 12693 NW 14 Street | Name and Title: Address: Name and Title: Address: | | |

| Name and | d Title: | Name and Title: |
|------------------|--|---|
| Address | | Address: |
| ARTICLE VI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o | of the registered agent is: |
| Name: | Latoya Julien | 95 4 |
| Address: | 12693 NW 14 Street | E T |
| | Sunrise FL 33323 | - 5 5 |
| ARTICLE VII | INCORPORATOR | AM 8: 50 |
| The name and ad | dress of the Incorporator is: | |
| Name: | Latoya Julien | |
| Address: | 12693 NW 14 Street | _ |
| | Sunrise FL 33323 | _ |
| I submit this of | Refurned Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felor | Date true. I am aware that the false information submitted in a |