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SECRETARY OF STATE



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COVER LETTER

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

_{SUBJECT:} GAT	ORS CONSTRU	CTION SERVI	CES CORP
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Chalagad and an anim	:	· · · · · · · · · · · · · · · · · · ·	1hh - C
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM:	GATORS CONSTRUCTION SERVICES CORPORATION			
i ROM.	Name (Printed or typed)			
	141 N. MCKINLEY AVENUE			
	Address			
	ORLANDO, FL 32811			
	City, State & Zip			
	774-287-8912			
	Daytime Telephone number			
	gatorsconstruction@hotmail.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)

The name of the corpora	tion shall be:	TION SERVICES CORPO	RATION						
ARTICLE II PRINCIPAL OFFICE Principal street address 141 N. MCKINLEY AVENUE ORLANDO, FL 32811 774-287-8912		Mailing address, if different is: 141 N. MCKINLEY AVENUE ORLANDO, FL 32811 774-287-8912							
					TILES, PAVIN	he corporation is organized is:	JTY CLEANING		<u> </u>
					COMERCIAL	AND RESIDENTIAL			
	TIAL OFFICERS AND/OR DIRECTOR FERNANDO L. STIVAL - PRESIDENT 141 N. MCKINLEY AVENUE	S Name and Title: Address:	14 SEP -4 PM 3: 37 SECRETARY OF STATE TALLAMASSEE FLOSIDA	- - - - FILEO					
	ORLANDO, FL 32811	· · · · · · · · · · · · · · · · · · ·		-					
Name and Title: Address	774-287-8912 ROSALVA CANDIDA DE MESQUITA - VICE-PRESIDENT 141 N. MCKINLEY AVENUE ORLANDO, FL 32811 407-300-0821	Name and Title:Address:		- - -					
Name and Title:	·	Name and Title:		_					
Address		Address:		-					
				_					



(conti.)

14 SEP -4 PM 3: 37

Name an	nd Title:	Name and Title	
Address	3	_ Address:	SECHETARY OF STATE TAILMHASSEE FLORIDA
		_	
		-	
	DECICEDED ACENT		
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	f the registered ag	ent is:
Name:	FERNANDO L. STIVAL	_	
Address:	141 N. MCKINLEY AVENUE	_	
	ORLANDO, FL 32811	_	
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	FERNANDO L. STIVAL	_	
Address:	141 N. MCKINLEY AVNUE	_	
	ORLANDO, FL 32811	_	
Having been no	med his registered agent to accept service of process	s for the above st	ated componentian at the place designated in
this certificate/1	and formitiar wife and accept the appointment as reg		
1	The state of the s		09/02/2014
	Required Signature/Registered Agent		Date
I submit this do	partent and affirm that the facis stated herein are Department of State constitutes a third degree feton	true. I am aware iy as provided for	that the false information submitted in a in s.817.155, F.S.
	- SAM		09/02/2014
	Acquired Signardre/Incorporator		Date