. (Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
		_

Office Use Only



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12/04/14--01024--007 **35.00

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COVER LETTER

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

SUBJECT: Sylvester Services Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 PY REQUIRED

ROM:	Craig Sylvester
101/11	Name (Printed or typed)
	341 Elizabeth Street
	Address
	Enterprise, FL 32725
	City, State & Zip
	352-516-7437
	Daytime Telephone number
,	akasylvester@gmail.com

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



December 5, 2014

CRAIG SYLVESTER 341 ELIZABETH STREET ENTERPRISE, FL 32725

SUBJECT: SYLVESTER SERVICES INC.

Ref. Number: W14000072638

We have received your document for SYLVESTER SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$43.75.

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: 014A00025683

Division of Comparations D.O. DOV 6207 Tellahassas Florida 20214

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

RTICLE II PRINCIPAL OFFICE				39 67 10 10 10 10 10 10 10 10 10 10 10 10 10 1	5	
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TICLE III PUR purpose for which t	POSE he corporation is organized is:			5		
ny and all la	wful business relating to se	ecurity services	3.			
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Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		<u>}</u>
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Lawrence Swan		JAN JAN
Address:	709 Cape Coral Parkway W		SSE 2
	Cape Coral, FL 33914		PH 3:
ARTICLE VII	INCORPORATOR		: 16 PATE PRIDA
The name and ad	dress of the Incorporator is:		
Name:	Craig Sylvester		
Address:	183 Hibiscus Lane		
	Deltona, FL 32738		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	Required Signature/Registered Agent		Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the falso y as provided for in s.817.155,	e information submitted in a F.S.
	Required Signature/Incorporator		Date