

P 15000067575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

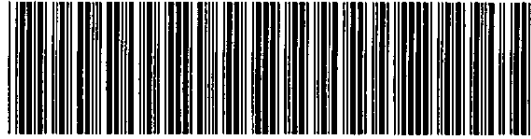
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100275771121

08/07/15--01019--006 \*\*70.00

FILED

15 AUG -7 PM 1:20

SECRETARY OF STATE  
CLERK OF SUPERIOR COURT

AUG 12 2015

W. PARKER

## COVER LETTER

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

SUBJECT: CUSTOMER SERVICE SPECIALISTS, 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: LETICIA OÑATE  
Name (Printed or typed)

15439 S.W. 99TH LANE  
Address

MIAMI, FLORIDA 33196  
City, State & Zip

305-764-1038  
Daytime Telephone number

letty4273@sbcglobal.net  
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)

ARTICLE I NAME

The name of the corporation shall be: CUSTOMER SERVICE SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
15439 SW 99TH LANE

Mailing address, if different is:

MIAMI, FLORIDA 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDING TELEPHONE CUSTOMER SERVICE  
FOR COMPANIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LETICIA OÑATE, PRESIDENT Name and Title: \_\_\_\_\_

Address: 15439 SW 99TH LANE Address: \_\_\_\_\_

MIAMI, FLORIDA 33196 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
15 AUG - 7 PM 1:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: LETICIA OÑATE  
Address: 15439 SW 99TH LANE  
MIAMI, FLORIDA 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LETICIA OÑATE  
Address: 15439 SW 99TH LANE  
MIAMI, FLORIDA 33196

FILED  
15 AUG -7 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

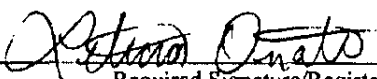
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

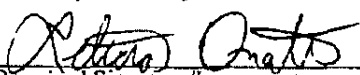
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 7/30/15  
Required Signature/Registered Agent 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.*

 7/30/15  
Required Signature/Incorporator Date