

JAN/27/2016 WED 1:33 AM

FAX No.

001

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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16 JAN 27 PM 12:10
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
VALLEY SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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1/26/2016 2:31:03 PM PAGE

1/001

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January 26, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: VALLEY SERVICES INC.

REF: W16000005384

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H16000020130
Letter Number: 116A00001679

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

ARTICLE I NAMEThe name of the corporation shall be: VALLEY VIEW SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

6441 SW 112 PLACEMIAMI FLORIDA 33173**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: AVELIS L. BUSTO (PRESIDENT)

Name and Title:

Address:

6441 SW 112 PLACE

Address:

MIAMI FLORIDA 33173

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: AVELIS L. BUSTO
Address: 6441 SW 112 PLACE
MIAMI FLORIDA 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AVELIS L. BUSTO
Address: 6441 SW 112 PLACE
MIAMI FLORIDA 33173

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.


Required Signature/Registered Agent

1/27/2016
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 §817.155, F.S.


Required Signature/Incorporator

1/27/2016
Date