

JAN/27/2016

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000020130 3))



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To: Division of Corporations
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RECEIVED
16 JAN 27 PM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
VALLEY SERVICES INC.**

2016 JAN 27 PM 12: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Certificate of Status	0
Certified Copy	1
Page Count	03
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1/26/2016 2:31:03 PM PAGE 1/001 Fax Server



January 26, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: VALLEY SERVICES INC.
REF: W1600005384

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)

FILED
2016 JAN 27 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME VALLEY VIEW SERVICES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6441 SW 112 PLACE
Mailing address, if different is: MIAMI 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 DIRECTORS

Name 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 s.817.155, F.S.

 Required Signature/Incorporator 1/27/2016
Date