

P/16000072590/6351

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305)828-1148  
Fax Number : (305)828-1709

RECEIVED  
16 MAR 23 PM 12:03

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED

16 MAR 23 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
PRO SERVICE SEWER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 2 2016

S. GILBERT

Letter of Release Enclosed - 3-24-16  
Sg

Electronic Filing Menu Corporate Filing Menu Help

3/22/2016

Monday, March 14, 2016

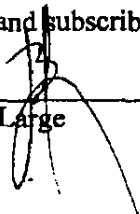
To Whom It May Concern:

I, Alfredo Lopez, President PRO SERVICE SEWER INC have no intention of reinstating the mentioned corporation therefore; I release the name for to another entity.

Should you need additional information, please do not hesitate to inform me.

  
\_\_\_\_\_  
Alfredo Lopez

Sworn to and subscribed before me this 03/14/2016

  
\_\_\_\_\_  
Notary at Large



**ARTICLES OF INCORPORATION**

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

15 MAR 23 PM 12:03

**ARTICLE I NAME**

The name of the corporation shall be: PRO SERVICE SEWER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10090 NW 80 COURT BLDG 8 APT 1318  
HALEAH FL 33016

Mailing address, if different is:

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALFREDO LOPEZ PRESIDENT Name and Title: \_\_\_\_\_  
Address: 10090 NW 80 COURT BLDG 8 APT 1318 Address: \_\_\_\_\_  
HALEAH FL 33016

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: 10090 NW 80 COURT BLDG 8 APT 1318 Address: \_\_\_\_\_  
HALEAH FL 33016

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: ILEANA PEREZ  
 Address: 10090 NW 80 COURT BLDG 8 APT 1318  
HIALEAH FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ILEANA PEREZ  
 Address: 10090 NW 80 COURT BLDG 8 APT 1318  
HIALEAH FL 33016

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/14/2016 (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*

[Signature] \_\_\_\_\_ 03/14/2016  
 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.*

[Signature] \_\_\_\_\_ 03/14/2016  
 Required Signature/Incorporator Date