P17000003829

| (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: | 7 | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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FILED

17 JAN 12 PM 1: 41

ALLAHASSEE FIRM

T. BURCH JAN 13 2017

COVER LETTER

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

SUBJECT: ILIMITED SERVICES, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| Certificate of Domestication | \$ | 50.00 |
|--|-----|--------------|
| Articles of Incorporation and Certified Copy | \$ | <u>78.75</u> |
| Total to domesticate and file | \$1 | 28.75 |

OPTIONAL:

S 8.75

I LIMITED SERVICES, Inc.

Name (printed or typed)

3346 JOSEPHINE STREET

Address

JUDITER, FL 33458

City, State & Zip

786-344-0527

Daytime Telephone Number

Martha, angulo e gmail. com.

E-mail address: (to be used for future annual report notification)



December 20, 2016

I LIMITED SERVICES, INC. 3346 JOSEPHING STREET JUPITER, FL 33458

SUBJECT: I LIMTED SERVICES, INC.

Ref. Number: W16000084800

We have received your document for I LIMTED SERVICES, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Tim Burch Regulatory Specialist III

Letter Number: 716A00026995

Division of Compositions DO DOV 6297 Tellahagges Florida 2921

CERTIFICATE OF DOMESTICATION

| Th | e undersigned, | MARTHA | ANGULO | Owi | rec Presi | dent, |
|------|--------------------------------|--|---|-----------------------------------|----------------------|--------------|
| | | (Na | me) | | (Title) | |
| of | ILIMIT | ED SERVICES | (el Inc. | | a foreign o | corporation, |
| in : | accordance with | (Corporation N n s. 607.1801, Florid | • | eby certify: | | |
| 1. | The date on w | hich corporation was | s first formed was _ | Januar | <u>, 16</u> , | 2014. |
| 2. | • | on where the above n | • | | • | |
| 3. | | he corporation imme | | | | |
| | was | LIMITED Se | RVICES, In | <u>c</u> . | | • |
| 4. | The name of the | ne corporation, as se | t forth in its articles | s of incorporatio | n, to be filed pu | rsuant to |
| | s. 607.0202 an | d 607.0401 with this | s certificate is | LIMITED S | Services, | tuc. |
| 5. | administration immediately be | on that constituted the of the corporation, of the corporation of the Lupiter Fl | or any other equiva c Certificate of Dor | lent jurisdiction nestication was | | |
| | Attached are F to s. 607.1801. | lorida articles of inc | orporation to comp | lete the domesti | | NI2 |
| Lai | n Presid | lent, of I | LIMITED SE | Rvices, 1 | ٠٧٠ ك | OF S |
| | | to sign this Certific | | | 2 | سر جخ⊆ |
| | | day of Dece | | | · ,, | - |
| | | | (Authorized Sign | ature) | | |
| | | 0.46.4.65 | Filing Fee: | | 0.5 0.00 | |
| | | Certificate of Doi | nestication ooration and Certi | fied Conv | \$ 50.00 \$ 78.75 | |
| | | Total to domestic | | ли сору | \$128.75 | |

| | ARTIC | LES OF INC | <u>JRPURATIUN</u> | 2011 g |
|-----------------|-------------------------------------|----------------|--|---------------------------------------|
| | IN COMPL | IANCE WITH CH | HAPTER 607, F.S. | 7. |
| ADMICIE | W A B & E | | | 全面 |
| ARTICLE I | NAME CORPORATION SHALL BE | | | ASSA ASSA |
| THE NAME OF THE | CORPORATION SHALL BE | · | | Y OF |
| | I LIMITED | SERVICE | s, Inc. | CF S |
| | | | | 유수 |
| APTICLE II | PRINCIPAL OFFIC | `E | | |
| | CE OF BUSINESS/ MAILIN | _ | | |
| | al Address | | Mailing A | Address |
| | | | · ~ | , , |
| 3346 JO | SEPHINE STR | EET | 3346 700 | SEPHINE STEET |
| TURITOR | FLORIDA 33 | U.S.O. | 7 | FLORIDA 334; |
| -1 0111 EK | 4 LOWDA 33 | 738 | 70 11, 20, | FEDERAL SO K |
| | | • | | |
| | | | | |
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| | | | | |
| ARTICLE III | | | | |
| THE PURPOSE FOR | WHICH THE CORPORATI | ON IS ORGANIZE | D: | |
| T LIMIT | ED SERVICES | Inc. p. | rovides Cons | oltin Services |
| | | • | | 9 |
| in the | areas of I | IT accoun | 1.C). | · |
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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: MENA Shares. 100 - Shares

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

| Title/Name | Title/Name |
|---|------------|
| President Martha Angolo | |
| President Martha Angolo Owner 3346 Josephine Street Jupiter, FL 33458 | |
| Jupiter, FL 33458 | |
| Title/Name | Title/Name |
| | |
| | |
| Title/Name | Title/Name |
| | |
| | |
| Title/Name | Title/Name |
| THE Name | THOWARE |
| | |
| | |

| | · | | |
|--|-------------------------------------|-------|-----|
| MARTHA ANGULO | | | |
| 3341 JOSEPHINE STREET | | | |
| JUBILEE FF 33 428 | na (| | |
| ARTICLE VII INCORPORATOR | LLAHAS | JAN I | ŋ |
| THE NAME AND ADDRESS OF THE INCORPORATOR IS: | SSEE, F | 2 PH | ニロコ |
| 3346 JOSEPHINE STEER | STATE LORIDA | l: L2 | |
| JPITER, FL 33458 | | | |
| | | | |
| ************ | *********** | f**** | |
| HAVING BEEN NAMED AS REGISTERED AGENT AND T | O ACCEPT SERVICE OF PROCESS FOR THE | ABOVE | E |
| STATED CORPORATION AT THE PLACE DESIGNATED I | - | I AND | |
| ACCEPT THE APPOINTMENT AS REGISTERED AGENT | | | |
| Jaly | 12/15/2014 | | |
| Signature/Registered Agent | Date . | | |
| Tak | 12/15/2010 | 6 | |
| Signature/Incorporator | Date | | |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: