## P18000036610

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PICK-UP WAIT MAIL					
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## **COVER LETTER**

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

SUBJECT:	uy Support Services, Inc.			
	(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:	John C	i. Weiss, Jr.		
	Name (Printed or typed)			
	3 Crossings Circle, Apt. F			
	Address			
	Boynton Beach, Florida 33435-2171			
<del></del>	City. State & Zip			
		8-2159		
		elephone number	<del></del>	
	jgweissjr@hou	nail.com		

NOTE: Please provide the original and one copy of the articles.

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

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

	tion shall be:			
<u>icle II - Princ</u>	TPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
ossings Circle, Apt	, F			
nton Beach, FL 33-	435-2171		·	
TCLE III PURPO purpose for which t	USE the corporation is organized is:			
Company is organi	zed to provided support coordination so	rrvices to the public.		
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			<u>တ်</u> ယ	
		<del></del>		
			<u>ား</u> ယူ	
			20 T	
Name and Title	John Weiss, Jr President	Name and Title:		
Address	3 Crossings Circle, Apt. Γ			
Вс	Boynton Beach, FL 33435-2171			
		<del></del>		
Name and Title:		Name and Title:		
Address		Address:		
			<del></del>	
Name and Title:		Nume and Title:		
Address		Audress:	<del></del>	

Name a	ind Title:	Name and Title:	<del></del>
Addres	ss	Address:	
		<del></del>	
ARTICLE VI	<u>REGISTERED AGENT</u> Ftorida street address (P.O. Box NOT acceptab	La St the manister of course in	
Name:	John Weiss, Jr.	ne) (ii the registered agent is.	
Address:	3 Crossings Circle, Apt. F		
	Boynton Beach, FL 33435-2171		18 7
<u>ARTICLE I'II</u>	INCORPORATOR		8 APR 23 PH 3: 16
The name and a	uddress of the Incorporator is:		
Name:	John Weiss, Jr.		
Address:	3 Crossings Circle, Apt. F		<b>20</b>
	Boynton Beach, FL 33435-2171	<del></del>	# ·
Effective date, if (If an effective days after the f	EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific and calling.)  e inserted in this block does not meet the applic effective date on the Department of State's reco	annot be more than five busines able statutory filing requirements	ss days prior or 90 business
Having been na this certificate. I	med as registered agent to accept service of pro am familiar with and accept the appointment a Required Signature/Registered Agent	ocess for the above stated corpor s registered agent and agree to a	ation at the place designated in ct in this capacity  4 20 (8)  Date
document for the	cument and affirm that the facts stated herein Department of State constitutes a third degree f ired Signature Interporator	are true. I am aware that the fa clony as provided for in s.817.15	also information submitted in a 5. F.S. $ \underbrace{4 \left( \mathcal{W} \left( \mathcal{B} \right) \right)}_{\text{Date}} $