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Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MYERS PROFESSIONAL SERVICES INC

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MYERS PROFESSIONAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11595 KELLY ROAD STE 300A
FORT MYERS, FL 33908**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: Maria C Rossello/Pres Name and Title:Address 11595 KELLY ROAD STE 300A Address:
FORT MYERS, FL 33908

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

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Name and Title: _____	Name and Title: _____
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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria C Rossello
 Address: 11595 KELLY ROAD STE 300A
FORT MYERS, FL 33908

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria C Rossello
 Address: 11595 KELLY ROAD STE 300A
FORT MYERS, FL 33908

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 days prior or 90 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*

X _____ Date _____
 Required Signature/Registered Agent

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.

X _____ Date _____
 Required Signature/Incorporator