P21000091115

(F	Requestor's Name)			
	Address)			
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PICK-UP	☐ WAIT	MAIL.		
(6	Business Entity Name)			
([Document Number)			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2021

VERNA W. MICHEL 3821 NW 7 PL LAUDERHILL, FL 33311

SUBJECT: HERE 4 U SERVICES Ref. Number: W21000093362

We have received your document for HERE 4 U SERVICES and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

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.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 721A00023445

Reply 10/8/21



9/13/21

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2021

VERNA W MICHEL 3821 NW 7 PL LAUDERHILL, FL 33311

SUBJECT: HERE 4 U SERVICES INC

Ref. Number: W21000114071

We have received your document for HERE 4 U SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

YOU MUST LIST A RA AND 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.

Alannah M Carranza Regulatory Specialist II

Letter Number: 821A00019785



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2021

VERNA W. MICHEL 3821 NW 7 PL LAUDERHILL, FL 33311

SUBJECT: HERE 4 U SERVICES Ref. Number: W21000093362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a rnanagerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza Regulatory Specialist II New Filings

Letter Number: 421A00014705

COVER LETTER

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

SUBJECT: Here 4 4 Services Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 □ \$78.75 Filing Fee Filing Fee

& Certificate of Status

& Certified Copy Certified Copy

& Certificate of

Starus

ADDITIONAL COPY REQUIRED

FROM: W- Mrcke Name (Printed or typed)
3821 NU 7 PL
Address
-audernill 71 33311
City. State & Zip
<u> </u>
Daytime Telephone number
E-mail address: (to be used for future annual report notification)
= man address. (to be used for future arrital report notification)

NOTE: Please provide the original and one copy of the articles. $\frac{2}{2}$

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

name of the corp	oration shall be:					
ICLE II PRI	NCIPAL OFFIC. Principal stree			Mailing 2	ddress, if dif	Torent ic
821 NW	The Place				, <u>-</u>	referred.
_	FL. 33			····	<u> </u>	
UCLE III PUR purpose for which		is organized is: Conらし	Notary	service real	est	afe
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mber of shares of	of stock is:		ORS Name and	-		
mber of shares of the shares o	of stock is:	Michel C	EO Name and	-		
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Name and Titl Name and Titl	of stock is: IAL OFFICERS Ste: Vernal 3821 Nu Lauder	Michel C v 7 Pl' hill, FL.=	Name and Address: Name and Address: Name and Address: Name and Name and	Title:	AH	

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name: Verna Williams M. Address: 3821 NW 7 PL Lauder hi // FL	<u>33</u> 31/
ARTICLE VII INCORPORATOR	平 3:
The name and address of the Incorporator is:	u.k.l
Name: Verna Williams M 38 21 NW 7 PL Lauderhill, Fl.	3331/
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific affling.)	
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State'	applicable statutory filing requirements, this date will not be listed a s records.
Having been named as registered agent to accept service of certificate. I am familiar with and accept the appointment	
Réquired Signanure Registered A	### ##################################
I submit this document and affirm that the facts stated h	erein are true I am aware that the folia information cubmin with
document to the Department of State constitutes a third department of Required Signature/Incorporator	Date 15th only as provided for in 8.817.155. F.S.