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

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SOCIETY SERVICES CORP. (Proposed corporate name - must include suffix)				
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a	check for	
☐ \$70.00 Filing Fee	87.50 \$78.75 Filing Fee & Certificate \$ Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:				98 OCT
			S.C.	72 maries
		ddress	X	2 11
	N. FT. MYERS, City, S	FL 33917 tate & Zip	STATE	= O 32
	941-6561601 Daytime Tel	ephone number		en e

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

John State

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOCIETY SERVICES CORP.



The principal place of business and mailing address of this corporation shall be:

570 LEOPARD LN N. FT. MYERS, FL 33917

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

DONALD W. MILLER 570 LEOPARD LN N. FT. MYERS, FL 33917

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DONALD W. MILLER 570 LEOPARD LN N. FT. MYERS, FL. 33917

Signature/Incorporator

BOOL OF HILLS

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent