

P98000099258

TRANSMITTAL LETTER

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

RECEIVED
98 NOV 25 PM 2:00

SUBJECT: CITYWIDE SERVICES, INC.
(Proposed corporate name - must include suffix)

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

- \$70.00 Filing Fee
 - \$78.75 Filing Fee & Certificate of Status
 - \$78.75 Filing Fee & Certified Copy
 - \$87.50 Filing Fee, Certified Copy & Certificate of Status
- ADDITIONAL COPY REQUIRED**

FROM: N. ROB NIELSEN
Name (Printed or typed)

2636 MISSION RD. #179
Address

TALLAHASSEE, FL. 32304
City, State & Zip

(850) 504-0920
Daytime Telephone number

FILED
98 NOV 25 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mr. Nielson GAVE
AUTHORIZATION BY PHONE TO
CORRECT corp name
DATE 11/25
DOC. EXAM SD

SD
11/25

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*****87.50 *****87.50

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

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 *NRN*

The name of the corporation shall be: *CITYWIDE SERVICES, INC.*

ARTICLE II PRINCIPAL OFFICE

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

*2636 Mission Rd. #179
TALLAHASSEE, FL. 32304*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*N. ROB NIELSEN
2636 Mission Rd. #179
TALLAHASSEE, FL. 32304*

ARTICLE V INCORPORATOR

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

*N. ROB NIELSEN
2636 Mission Rd. #179
TALLAHASSEE, FL. 32304*

N. Rob Nielsen

Signature/Incorporator

11.24.98

Date

(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

N. Rob Nielsen

Signature/Registered Agent

11.24.98

Date