

P04000063732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

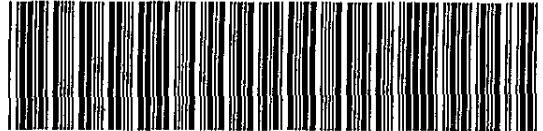
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## TRANSMITTAL LETTER

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

SUBJECT: J. Ferguson Restoration, 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  
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: Todd M. Bronson, Esq.  
Name (Printed or typed)

PO Box 159  
Address

Lapeer, MI 48446  
City, State & Zip

(810) 664-1000  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

J. FERGUSON RESTORATION, INC.

### ARTICLE II PRINCIPLE OFFICE

The principal place of business/mailling address is:

5100 S. Cleveland Avenue  
PMB 374  
Ft. Myers, FL 33907

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Cleaning and Restoration Services.

### ARTICLE IV SHARES

The number of shares of stock is:

10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Ferguson, President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

John Ferguson  
5100 S. Cleveland Avenue, PMB 374  
Ft. Myers, FL 33907

### ARTICLE VII INCORPORATOR

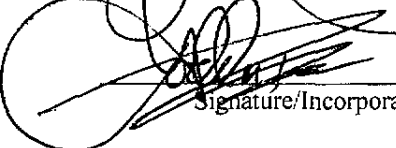
The name and address of the Incorporator is:

Todd M. Bronson, Esq.  
PO Box 159  
Lapeer, MI 48446  
(810) 664-1000

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

4/5/04  
\_\_\_\_\_  
Date

4/5/04  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

04 APR 12 PM 4:17

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