

P13000071779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

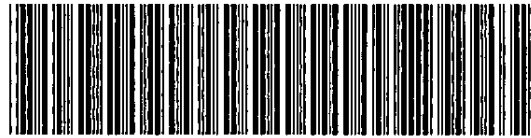
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/26/13--01022--003 \*\*70.00

13 AUG 26 AM 7:14  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Handwritten initials/signature

**COVER LETTER**

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

**SUBJECT: Mold and Odor Resolution 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: Nail Slavic**  
Name (Printed or typed)

**400 East Bay St #309**  
Address

**Jacksonville FL 32202**  
City, State & Zip

**904-838-3134**  
Daytime Telephone number

**floridahomesandmortgage@yahoo.com**  
E-mail address: (to be used for future annual report notification)

**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: Mold and Odor Resolution Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 East Bay St #309

Jacksonville Fl 32202

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all lawful business in Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nail Slavic Name and Title: \_\_\_\_\_

Address 400 East Bay St #309 Address: \_\_\_\_\_

Jacksonville Fl 32202 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

11:50  
13 AUG 26 AM 7:14  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Elmir Slavic  
 Address: 400 East Bay St #309  
Jacksonville FI 32202

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Nail Slavic  
 Address: 400 East Bay St #309  
Jacksonville FI 32202

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

*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*

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

8-23-13

Date

*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.*

Nail Slavic  
 Required Signature/Incorporator

8-23-13

Date