

# F07 000001653

Florida Department of State  
Division of Corporations  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

1st Choice Disaster Restoration Services, Inc.

Certificate of Status	0
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March 26, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: 1ST CHOICE DISASTER RESTORATION SERVICES, INC.  
REF: W07000014762

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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 electronic filing cover sheet.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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Valerie Herring  
Document Specialist  
New Filing Section

FAX Aud. #: H07000076318  
Letter Number: 007A00020480

P.O. BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. 1st Choice Disaster Restoration Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. November 13, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon filing

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3108 West Market Street, York, PA 17404

(Principal office address)

Same

(Current mailing address)

8. Disaster restoration services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

**ANN J. WILLIAMS**  
Assistant Vice President

By: 

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

Vice President: \_\_\_\_\_

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

Secretary: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

Treasurer: Justin M. Daniels

Address: 3108 West Market Street, York, PA 17404

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. JUSTIN M. DANIELS, PRESIDENT  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 20, 2007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**1ST CHOICE DISASTER RESTORATION SERVICES, INC.**

Is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.

*Pedro A. Cortis*

Secretary of the Commonwealth

Certification Number: 6582803-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>