# F0900003310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

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J. SHWORS AIR 21 TOP SUP SUP SUP

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: CWD WATER DAMAGE INC.  Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact B "Certificate of Existence," and check are submitted to register the above referenced transact business in Florida.	usiness in Florida," foreign corporation to
Please return all correspondence concerning this matter to the following:	
MARK FOX	
Name of Person	
CWD WATER DAMAGE INC.	SEC SEC
CWD WATER DAMAGE INC. Firm/Company	2009 AUG 20 SECRETARY ALLAHASSI
420 LOCKLIE ST.	AR AR SS
Address	
DUNFAIN F1 34/60	
DUNEDIN FL 34698 City/State and Zip code	PH 2: 06
MARK AT - CUPE BYAHM. Com	> 01
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
MOARK Fox         at (727)         776 - 7731           Name of Person         Area Code & Daytime Telephone	Number
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDI  New Filing Sectio  Division of Corpo  Corpo  Tallahassee, FL 32301	n rations
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\frac{\times \\$78.75 \times \}{\text{Certificate of Status}}\$\$\$\$\$\$\$\$\$ Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

Divisions of Corporations Attn: Justin M. Shivers P.O. Box 6327 Tallahassee, FL 32314

Subject: CWD Water Damage, Inc.

Re: W09000028966

Justin:

This name should be available as the previous corporation was dissolved, see attached Articles of Dissolution filed on 7/1/09.

Sincerely,

Mark Fox /
Registered Agent

SECRETARY OF STATE TALLAHASSEF, FI DRIFT.

#### 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.

1. Cw'	Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	_
"lnc.," "Co.," "C	Corp., "Inc.," "Co.," or "Corp.")	
(If name unavaila	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. DELAL	ware muder the law of which it is incorporated)  3. 32-0284828  (FEI number, if applicable)	_
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)	_
4. UNE	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	_
(Date	(Duration: Year corp. will cease to exist or "perpetual")	_
6. <u>N</u> E	EW CORP	_
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7		est (m)
73 <i>05</i>	5) BRANCH DRIVE CLEARWATER FL 33 760 5 (Principal office address)	- 45,000
	SEN O	-
	SAME — MC (Current mailing address)	
	Constitution of the consti	i.
8. <u>CONS</u>		_
(Purpose(s	(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and stree	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	MARKFOX	
Office Address:	420 LOCKLIE ST	
	DUNEDIN F( 34698, Florida 34698 (City) (Zip code)	
	(City) (Zip code)	
10. Registered ag	gent'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.

(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:

A. DIRECTORS	
Chairman:	
Address:	
/ice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
3. OFFICERS	2009 AU SECRE
resident: MARY AREND	
address: 3051 BRANCH DR	SECO P
CLEARWATER FL 33760	FF SE 2
lice President:	
ddress:	<b>&gt; 0</b> ,
ecretary:	
ddress:	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
Signature of Director or Officer listed in number 12 of the app	plication)
Mary Arend  (Typed or printed name and capacity of person signing applied)	
(Typed or printed name and capacity of person signing applied	cation)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CWD WATER DAMAGE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JUNE,

A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CWD WATER DAMAGE, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2009 AUG 20 PM 2: 06
SECRETARY OF STATE
TALLAHASSFE FI CAD.

4694918 8300

090617184

AUTHENTY CATION: 7361448

DATE: 06-15-09

You may verify this certificate online at corp.delaware.gov/authver.shtml