

TRANSMITTAL LETTER

P000000031970

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

SUBJECT: M. A. D. CONTRACTING INC
(Proposed corporate name - must include suffix)

500003181775--7
-03/23/00-01091-005
*****87.50 *****87.50

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: ANTHONY DEMONDO
Name (Printed or typed)

P.O. BOX 1467
Address

LOXAHATCHEE FL 33470
City, State & Zip

561-876-5265
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 MAR 23 AM 8:49

FILED

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

Anthony D. GAVE
AUTHORIZATION BY PHONE TO
CORRECT I-Suffix
DATE 3-30-00
DOC. EXAM AP

AR 3/30

W-8286

FILED

2000 MAR 23 AM 8 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

M.A.D. CONTRACTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1467

LOXAHATCHEE FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Repair / HANDYMAN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Anthony Demondo

444 B ROAD

LOXAHATCHEE FL 33470

ARTICLE VII INCORPORATOR

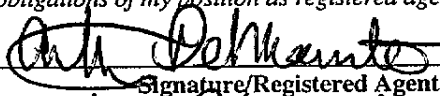
The name and address of the Incorporator are:

Anthony Demondo

P.O. Box 1467

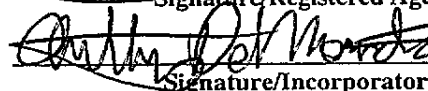
LOXAHATCHEE FL 33470

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.


Signature/Registered Agent

Date

3-4-00


Signature/Incorporator

Date

3-4-00