

TRANSMITTAL LETTER

PO0000109419

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

SUBJECT: Reliable Roof Removal, Inc.
(Proposed corporate name - must include suffix)

700003474577--1
-11/22/00--01066--006
*****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: Peter Tyree
Name (Printed or typed)

118 Oak View Pl.
Address

Sanford, FL 32773
City, State & Zip

407-402-9543 (cell)
Daytime Telephone number

00 NOV 22 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Feb 11/27

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

Reliable Roof Removal, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

118 Oak View Pl. Sanford, FL. 32773

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Peter Tyree
118 Oak View Pl.
Sanford, FL. 32773

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Peter Tyree
118 Oak View Pl.
Sanford, FL. 32773

Peter Tyree
Signature/Incorporator

11-17-2000
Date

(An additional article must be added if an effective date is requested.)

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

Peter Tyree
Signature/Registered Agent

11-17-2000
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA