P0200054891

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

SUBJECT: Un	PROPOSED CORPORAT	PNC Y DICAST TENAME + MUST INCL	er Restor	a Tion, Inc
Enclosed is an origin	al and one(1) copy of the article	ال الله المعالجية ا	D0005537 -05/15/020 ******87.50 check for:	4972 1043017 *****87.50
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	619 S.E. 15th ST.	inted or typed) apt.#3 ddress	OZ MAY 15 AM SECRETARY OF S TALLAHASSEE, FL	
	(954) 525-0	ale Florida State & Zip 14963 Jephone number	0 3350 E 23	· ',

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: UniTed, Emergent ResToration	ney, Disaster, 1 Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6/7 S.E. 15 T.S.T. FT. Lauderdale Florida 333/6 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profit	
ARTICLE IV SHARES The number of shares of stock is: (100) Per Share ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	FILED 02 MAY 15 AM 10: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Joseph STagniTa 619 SE 15 Th ST. FT. Lauderdale	FL-33316
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Joseph S Jocgni Ha	FL-33316 ********
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to ac	poration at the place designated in thi
Signature/Registered Agent	Date

ARTICLES OF INCORPORATION