TRANSMITTAL LETTER

P02000102484

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

SUBJECT: Association of Commercial Restoration Services Inc.
<u>(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)</u>

600007941846—7
-09/23/02--01005--005
*****78.75 *****78.75

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: Karen Lynn
Name (Printed or typed)

PO Box 18303
Address

PCB Fl 32417·18336
City, State & Zip

850· 913·0802
Daytime Telephone number

02 SEP 23 PM 2: 17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BR 9/23

Attachment (handwritten)

September 9, 2002

KAREN LYNN ~~SCOTT~~
PO BOX 18303
PANAMA CITY BEACH, FL 32417-8336

SUBJECT: ASSOCIATION OF COMMERICAL RESTORATIONAL SERVICES
Ref. Number: W02000026082

We have received your document for ASSOCIATION OF COMMERICAL RESTORATIONAL SERVICES, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $78.75.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. *500.* (handwritten)

The document must have original signatures. _MARK SCOTT NOT IN CO. anymore_ (handwritten)

SHOULD THE WORD "COMMERICAL BE SPELLED COMMERCIAL?

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor   Letter Number: 202A00051719
New Filings Section

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:

Association of Commerical Restoration Services Inc

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 18303
PCB FL, 32417. 18336

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

Construction Copapany

ARTICLE IV   SHARES

The number of shares of stock is:

500.

ARTICLE V   INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Karen Lynn
3707 Mystic St. B
PCB. Fl. 32408

ARTICLE VI   REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Karen Lynn
3707 Mystic St. B
PCB, Fl. 32408

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

Karen Lynn
3707 Mystic St.
PCB Fla. 32408

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Karen Lynn
Signature/Registered Agent

9.10.02
Date

Karen Lynn
Signature/Incorporator

9.10.02
Date