

P040000009810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04 JAN 14 PM 3:26  
DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18

TRANSMITTAL LETTER

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

FILED  
04 JAN 14 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: American Mold Masters, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: John S. Mooshie  
Name (Printed or typed)

3295 Crawfordville Hwy, Suite 8  
Address

Crawfordville, Florida 32327  
City, State & Zip

850-926-5000  
Daytime Telephone number

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

# 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: American Mold Masters, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3295 CRAWFORDVILLE HWY STE 8  
CRAWFORDVILLE, FL 32327

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct inspections for mold in residential and commercial buildings, have analyzed, and report findings.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John S. Mooshie  
1002 Wakulla Springs Rd  
Crawfordville, FL 32327  
President

Bonnie A. Rowan  
8017 Archer Circle  
Tallahassee, FL 32308  
Secy,

## ARTICLE VI REGISTERED AGENT

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

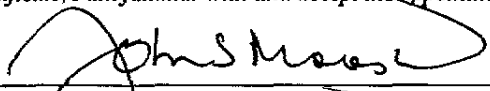
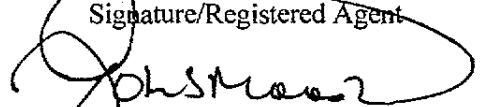
John S. Mooshie  
1002 Wakulla Springs Rd  
Crawfordville, FL 32327

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John S. Mooshie  
1002 Wakulla Springs Rd  
Crawfordville, FL 32327

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

1/13/04  
\_\_\_\_\_  
Date  
1/13/04  
\_\_\_\_\_  
Date

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04 JAN 14 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA