

PD40000 42152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

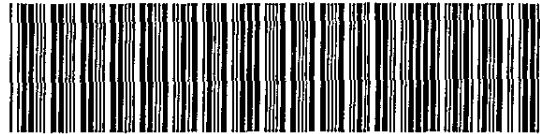
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Above & Beyond Restoration 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: Gale Valente
Name (Printed or typed)
7573 46th Ave. N.
Address
St. Petersburg, Fl 33709
City, State & Zip
727-545-8323
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:

Above & Beyond Restoration Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7573 46th Ave. N.
St. Petersburg, Fl 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mold remediation and restoration

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):

Gale Valente
President
7573 46th Ave. N.
St. Petersburg, Fl 33709

ARTICLE VI REGISTERED AGENT

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

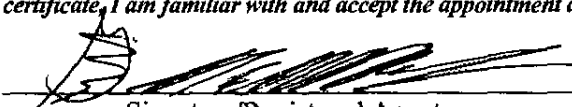
Anthony Valente Esq.
770 Second Avenue S.
St. Petersburg, Fl 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gale Valente
7573 46th Ave. N.
St. Petersburg, Fl 33709

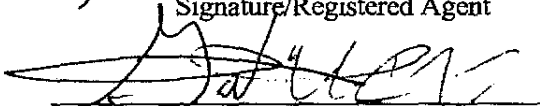
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-23-04

Date



Signature/Incorporator

2-20-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA