

PD4000164263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

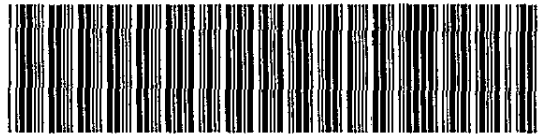
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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✓
12/7/04

TRANSMITTAL LETTER

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

SUBJECT: Certified Cleaning & Restoration of NW Florida, 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: Joshua S. Ray

Name (Printed or typed)

101 Shirah Street, P O Box 305

Address

Destin, FL 32540

City, State & Zip

877/545-6653

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:

Certified Cleaning & Restoration of NW Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

101 Shirah Street, P O Box 305, Destin, FL 32540

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joshua S. Ray, President, 101 Shirah Street, P O Box 305, Destin, FL 32540

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

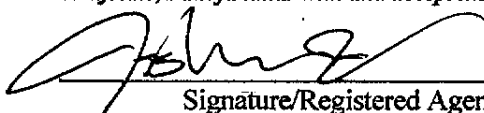
Joshua S. Ray, 101 Shirah Street, Destin, FL 32540

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joshua S. Ray, 101 Shirah Street, P O Box 305, Destin, FL 32540

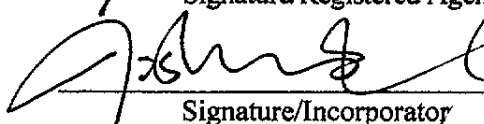
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/29/2004

Date



Signature/Incorporator

11/29/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA