D05000004521

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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TRANSMITTAL LETTER

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

(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 ☐ \$78.75 ☐ \$78.75 ☐ \$78.75 ☐ \$87.50 Filing Fee & Filing Fee, & Certificate of Status & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Key (L. Smith Name (Printed or typed)

911 Sw 21 ST
Address

Boca Paton (-L. 33486

(954) 648-8906

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)
The name of the corporation shall be: ABS MdQ Inspection & Remediation, I
ARTICLE II PRINCIPAL OFFICE The principal place of business mailing address is: 911 SU Z 1 ST.
The purpose for which the corporation is organized is:
Mold inspections and remediation 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):
Review Smith, President: 911 SW 21 ST. Robert Bedell, U.P.: Box a Ration, Fl. 33486 ARTICLE VI REGISTERED AGENT Buca Ration, Fl. 33486 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Review Smith 911 SW ZIST ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BUCA RATCH, FL. 33486
The name and address of the Incorporator is:
leur Smith all Sw 21st, Buca, 33486

Signature Registered Agent Date
Signature Incorporator Date