

P05000055588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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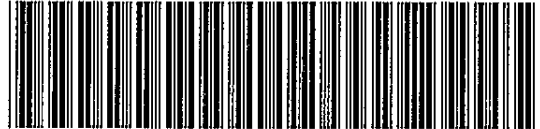
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

profit corp
done
1/15
4/15

TRANSMITTAL LETTER

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

SUBJECT: DISASTER RELIEF CONSULTING, 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: Jim MICHAELS
Name (Printed or typed)

P.O. Box 849171
Address

PEMBROKE PINES, FL 33084
City, State & Zip

954-914-1341
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:

DISASTER RELIEF CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 849171
PEMBROKE PINES, FL 33084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND ALL Lawful Business

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):

JAMES A. MICHAELS, PRESIDENT
RICHARD HENDERSON VP of OPERATIONS
THOMAS B. LAMBERT VP of MARKETING

ARTICLE VI REGISTERED AGENT

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

JAMES A. MICHAELS
8535 NW 12 ST
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS B. LAMBERT
PO Box 849171
PEMBROKE PINES, FL 33084

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]
Signature/Registered Agent

4/14/05
Date

[Signature]
Signature/Incorporator

4/14/05
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA