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05 MAY 19 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/20/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Citywide Restoration Services 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: Peter A. CALVO
Name (Printed or typed)

1460 SW 3St, Suite B-7
Address

Daytona Beach FL 32069
City, State & Zip

954 545 4931
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CITYWIDE RESTORATION SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1460 SW 3ST, SUITE B-7
POMPANO BEACH, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETER A. CALVO 1460 SW 3ST, SUITE B-7 POMP BEACH FL 33069 (P)
DANA CALVO 1460 SW 3ST, SUITE B-7 POMP BEACH, FL 33069 (VP)

ARTICLE VI REGISTERED AGENT

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

PETER A. CALVO 1460 SW 3ST, SUITE B-7 POMP BEACH, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER A. CALVO 1460 SW 3ST, SUITE B-7 POMP BEACH, FL 33069

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

Date

Signature/Incorporator

Date