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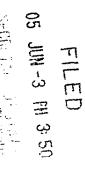
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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6/6/05

TRANSMITTAL LETTER

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

SUBJECT: Mold A	way, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: ^{An}	gela Fiore	ADDITIONAL CO	PPY REQUIRED
FROM: All	Name	e (Printed or typed)	·
	11530 State Road 84	Address	
	Davie, FL 33325 City	, State & Zip	
	954-553-0752 Daytime	Felephone number	

NOTE: Please provide the original and one copy of the articles.

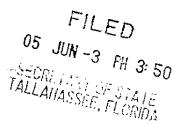
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Mold Away, Inc.



PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 11530 State Road 84 Davie, FL 33325

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: For profit in the mold remediation industry

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

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

Angela Fiore

REGISTERED AGENT

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

Angela Fiore 11530 State Road 84 Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Fiore 11530 State Road 84 Davie, FL 33325

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

6-1-05 Date

6-1-05

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