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TRANSMITTAL LETTER

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

7 Disaster Cleanup & Restoration, Inc. Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 □ \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 24/7 Disaster Cleanup & hestoration, Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Po Box 744 Matlacha, Florida 33993 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES 000,01 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Wade Smith (President) 401 SW 35 pl. Cape Coral Florida 33991 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Wade Smith Cape Coral Florida 33991 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Wode Smith 401 SW 35 Pt. 33991 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 7-1-05

7- 1- 05 Date

ARTICLES OF INCORPORATION