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SECNIA SEE FLORIDA

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### **COVER LETTER**

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

SUBJECT: North American Disaster Recovery Inc.			
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Robert J. Nolan  Name (Printed or typed)			
4154 Grandchamp Cir.	ddress	<del></del>	
Palm Harbor, FL 34685	State & Zip		

727-772-7428

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

Daytime Telephone number

## ÀRTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

North American Disaster Recovery Inc.

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1517 East 7th Ave., Suite D Tampa, FL 33605

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Disaster recovery, cleanup etc.

#### ARTICLE IV SHARES

The number of shares of stock is:

1500

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

H. Douglas Ayers, 4204 Riverside Dr., Tampa, Fl. 33603, President Robert J. Nolan, 4154 Grandchamp Cir., Palm Harbor, Fl. 34685, Vice President Desiree D. Nolan, 4154 Grandchamp Cir., Palm Harbor, Fl. 34685, Secretary/Treasurer

#### ARTICLE VI REGISTERED AGENT

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

Desiree D. Nolan 4154 Grandchamp Circle Palm Harbor, FL 34685

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Robert J. Nolan 4154 Grandchamp Circle Palm Harbor, FL 34685

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