

PO5000141801

Page 1 of 1

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : HUSCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Professional Tub Doctor Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Professional Tub Doctor Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Professional Tub Doctor Inc.

5305 Grand Banks Boulevard

Greenacres, FL 33463

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Justin Duharte

5305 Grand Banks Boulevard

Greenacres, FL 33463

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Justin Duharte - President
5305 Grand Banks Boulevard
Greenacres, FL 33463**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Justin Duharte
5305 Grand Banks Boulevard
Greenacres, FL 33463**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of October 2005.



Justin Duharte - Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Professional Tub Doctor Inc.**
2. The name and address of the registered agent and office is:

Justin Duharte

Name

5305 Grand Banks Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Greenacres, FL 33463

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Justin Duharte
SIGNATURE

October 13, 2005

(Date)

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