

P05000166216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

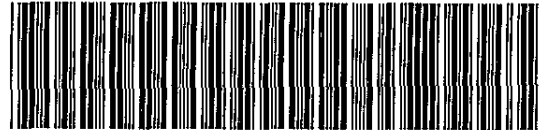
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200062186532

12/22/05--01030--002 \*\*78.75

FILED  
05 DEC 22 PM 2:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEL 23 2005

## COVER LETTER

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

SUBJECT: MOLD CONTROL 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: SHERIF R. KODSY

Name (Printed or typed)

1630 NORTH OCEAN AVENUE #715

Address

POMPANO BEACH FLORIDA 33062

City, State & Zip

954-599-2289

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)

**ARTICLE I NAME**

The name of the corporation shall be:

MOLD CONTROL SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4849 NE 11 AVENUE  
OAKLAND PARK FLORIDA 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO DO BUSSINESS IN THE STATE OF FLORIDA .

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

SHERIF R. KODSY PRESIDENT  
1630 NORTH OCEAN AVENUE #715  
POMPANO BEACH FLORIDA 33062

**ARTICLE VI REGISTERED AGENT**

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



SHERIF R. KODSY PRESIDENT  
1630 NORTH OCEAN AVENUE #715  
POMPANO BEACH FLORIDA 33062

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SHERIF R. KODSY  
1630 NORTH OCEAN AVENUE #715  
POMPANO BEACH FLORIDA 33062

\*\*\*\*\*  
*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 famillar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

12/15/2005  
\_\_\_\_\_  
Date  
12/15/2005  
\_\_\_\_\_  
Date

FILED  
05 DEC 22 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA