

PD6000028569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **MOLDCHECK 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: **DEBRA BRIGANDI**

Name (Printed or typed)

**3041 SW 23 AVE**

Address

**CAPE CORAL, FL 33914**

City, State & Zip

**239-278-0142**

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:

MOLDCHECK INC.

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TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3041 SW 23 AVE  
CAPE CORAL, FL 33914

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

IDENTIFICATION AND TREATMENT OF MOLD ISSUES

### **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):

DEBRA BRIGANDI  
PRESIDENT  
3041 SW 23 AVE  
CAPE CORAL, FL 33914

### **ARTICLE VI REGISTERED AGENT**

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


DEBRA BRIGANDI  
3041 SW 23 AVE  
CAPE CORAL, FL 33914

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DEBRA BRIGANDI  
3041 SW 23 AVE  
CAPE CORAL, FL 33914

\*\*\*\*\*  
*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



Signature/Incorporator



Date



Date