

P06000068157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

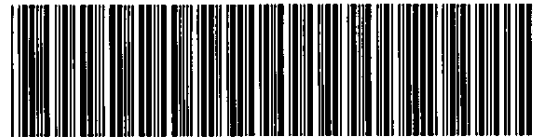
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Disaster masters USA 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:

Anthony Giglio
Name (Printed or typed)

10412 Polo Lakes Dr. W
Address

Wellington, FL 33414
City, State & Zip

(561) 633-1310
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2006

ANTHONY GIGLIO
10412 POLO LAKES DR. W.
WELLINGTON, FL 33414

SUBJECT: DISASTER MASTERS USA INC.
Ref. Number: W06000020051

We have received your document for DISASTER MASTERS USA INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 906A00030319

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: Disaster Masters USA Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 10412 Polo Lakes Dr. W
Wellington, Fl. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: janitorial cleanup

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
anthony Giglio - President

ARTICLE VI REGISTERED AGENT

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

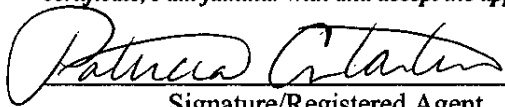
Patricia Contarke
4162 Bahia Isle Circle
Wellington, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

anthony J. Giglio
10412 Polo Lakes Dr. Wellington, Fl. 33414

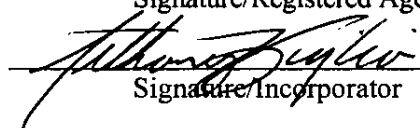
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/25/06

Date



Signature/Incorporator

4/25/06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAY 12 P 3:02

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