

P06000086103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

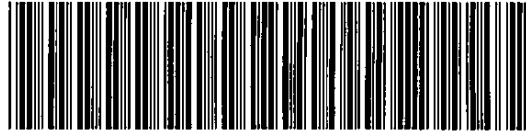
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400076045524

06/15/06--01025--001 \*\*70.00

FILED  
06 JUN 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 6-26-06  
146-27YSS

# *Michael C. Becker & Co.*

*Certified Public Accountants*

1897 Palm Beach Lakes Blvd.  
Suite 210  
West Palm Beach, Florida 33409

West Palm Beach (561) 689-4093  
Boca Raton (561) 391-0945  
Miami (305) 266-6691  
Fax (561) 697-4359

June 8, 2006

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

Dear Sir/Madam:

Subject: Turn Key Mold Removal, Inc.

Enclosed please find the original and one (1) copy of the Articles of Incorporation and a check in the amount of \$ 70.00.

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Michael C. Becker, C.P.A.

MCB/prw  
Enc.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2006

MICHAEL C. BECKER  
1897 PALM BCH LAKES BLVD STE 210  
W PALM BCH, FL 33409

SUBJECT: TURN KEY MOLD REMOVAL, INC.  
Ref. Number: W06000027455

We have received your document for TURN KEY MOLD REMOVAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of 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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 606A00040829

**ARTICLES OF INCORPORATION**

**OF**

**Turn Key Mold Removal, Inc.**

FILED

06 JUN 26 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - NAME**

The name of the corporation shall be: Turn Key Mold Removal, Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

169 Seaview Avenue  
Palm Beach, FL 33480

**ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000)) and the par value is \$.01 per share.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Anthony Myura  
169 Seaview Avenue  
Palm Beach, FL 33480

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Anthony Myura  
169 Seaview Avenue  
Palm Beach, FL 33480

The undersigned has executed these Articles of Incorporation

this 8 day of JUNE, 20 06.

  
\_\_\_\_\_  
SIGNATURE

TITLE: \_\_\_\_\_

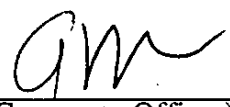
**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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 designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: Turn Key Mold Removal, Inc.
2. The name and address of the registered agent and office is:

Anthony Myura  
169 Seaview Avenue  
Palm Beach, FL 33480

SIGNATURE: \_\_\_\_\_

  
(Corporate Officer)

TITLE: President

DATE: June 8, 2006

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 STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: \_\_\_\_\_

DATE: June 8, 2006

REGISTERED AGENT FILING FEE: \$35.00

FILED  
06 JUN 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA