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SECRETARY OF STATE DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: -	SICK BUILDING 5	TERILIZER	, INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00	<b>万</b> [\$78.75	\$78.75	\$87.50	
	Filing Fee	Filing Fee	Filing Fee,	
i iiiig i cc	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	DAVID J.	PREACHE.	R	
1 KOWI	Name (Printed or typed)			
	_			
19 PATUKENT LANE				
	λ.	Address		
	Par Oran	El 3716	4	
	Palm Const City!	State & Zip	7	
	·			
38-6-447-8333 Daytime Telephone number				
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)	DIVISION OF CORPORA
ARTICLE I NAME	DIVISION OF CORPORT
The name of the corporation shall be: 510K Building STEAT	2126-2 OG MAGO
ARTICLE I NAME  The name of the corporation shall be: 510 K Building STEAT.	29 AM 8: 1
ARTICLE II PRINCIPAL OFFICE	<b>-</b> .
The principal place of business/mailing address is:	LRKE
$\Omega$	1/201/1
The principal place of business/mailing address is:  Palm Coast, 5	52164
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:  ELIMINATION OF ALBRE, BACTERIA, VIR.	KI + MOLD
•	
ARTICLE IV SHARES	•
The number of shares of stock is: 140	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	Vice Praxido
List name(s), address(es) and specific title(s):	
TO PROPERT PROPERT BETT	E H. PREACHER
IR ANDUNE DIANE	UXENT LANE CLAST, FL 32164
PALM CONST. FL 32164 PALM	C3487, AC 3 A. 69
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
DAVID J. PREACHER	
19 PRTUXENT LANE	
PRLA COUST FL 32164	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
DAVID J. PREACHER	
PALM CAROT, FL 32/64	
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporation	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	s capacity
0 00/ 1	1/20/20
Signature/Registered Agent	Date
	1/28/21
Signature/Incorporator	Date Date
,	-