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COVER LETTER

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

SUBJECT:		TORATION IN	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Lisa FERRA Name	(Printed or typed) (Refown DR. Address	
	BOCA PLATON City,), R 33487 State & Zip	<u> </u>
		239- <i>CoCoCo</i> 4 elephone number	

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

The name of the corporation shall be: AH-T RESTORATION, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: WATER DAMAGE ARTICLE IV SHARES The number of shares of stock is: I OCO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LESIOENT — DAVID LEPDRE BASSO Middle form De. Boca Ration 3346
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: JA532 Middle town De. Boca Ration, Registration of the purpose for which the corporation is organized is: WATER DAMAGE ARTICLE IV SHARES The number of shares of stock is: I DOOD ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LESIDENT — DAVID LEPDRE 20532 Middle town De. Boca Ration 3346
ARTICLE IV SHARES The number of shares of stock is: OOO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LESIDENT - DAVID LEPDRE - 20532 Middle fown De. Boxa Raton 3342
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List name(s), address(es) and specific title(s): LESIDENT - DAVID LEPDRE - 20532 Middle fown De. BOCA RATON 3342
LESIDENT - DAVID LEPORE 20532 Middle town DR. BOCA KATON 3342
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: LISA ERRAZZANO. 22532 Middle town On . Boca Ration R. 33428
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
LISA FERRAZZANO -20532 Middletown Dr. BOCA RATTON PC 38428

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
Man Jenesser 7/25/07
Signature/Registered Agent Date
Signature/Incorporator 1/25/01. Date