

008000014405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

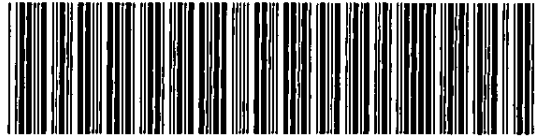
(Business Entity Name)

(Document Number)

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

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08 FEB - 7 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/8/08

## COVER LETTER

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

SUBJECT: ALL COUNTY DISASTER KLEENUP, 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: DANIEL BULZACCHELLI

Name (Printed or typed)

215 NE 32 CT

Address

OAKLAND PARK, FL 33334

City, State & Zip

954-943-4567

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:

**ALL COUNTY DISASTER KLEENUP, INC**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

215 NE 32 CT

FORT LAUDERDALE, FL 33334

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the General Corporation law of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

5000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DANIEL BULZACCHELLI, PRES, DIRECTOR

215 NE 32 CT

FORT LAUDERDALE, FL 33334

DONNA DEPAUL, SEC

215 NE 32 CT

FORT LAUDERDALE, FL 33334

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

DANIEL BULZACCHELLI  
215 NE 32 CT  
FORT LAUDERDALE, FL 33334

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

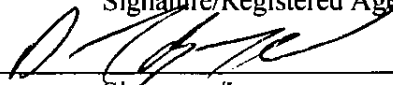
DANIEL BULZACCHELLI  
215 NE 32 CT  
FORT LAUDERDALE, FL 33334

\*\*\*\*\*

*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

2-1-2008  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-1-2008  
Date