

PO8000064405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

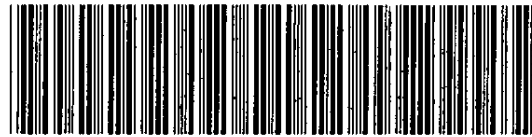
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900132306039

07/07/08--01017--004 \*\*70.00

FILED  
08 JUL - 7 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

# TRANSMITTAL LETTER

3 July 2008

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **Mold Busters, Inc.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

  C   \$70.00 Filing Fee

           \$122.50 Filing Fee & Cert. Copy\*

           \$78.75 Filing Fee & Certificate

           \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

David Robart  
4466 Watt Ave.  
Spring Hill, FL 34608  
Tele. 727-326-8857

# ARTICLES OF INCORPORATION

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

## ARTICLE I: NAME

The name of the corporation shall be:

**Mold Busters, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

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

**4466 Watt Ave. Spring Hill, FL 34608**

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

**1,000**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**David Robart 4466 Watt Ave. Spring Hill, FL 34608**

## ARTICLE V: INCORPORATOR

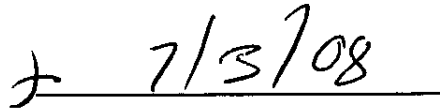
**David Robart 4466 Watt Ave. Spring Hill, FL 34608**

## ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: **Upon Receipt**

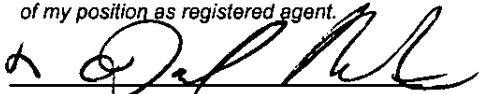


Signature/Incorporator

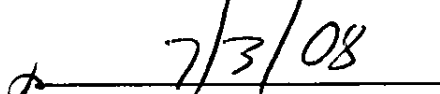


Date

*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/Registered Agent



Date

FILED  
08 JUL -7 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA