

P080000087557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

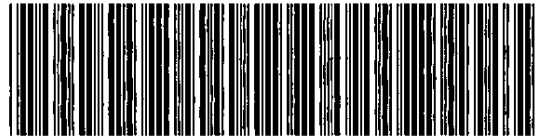
(Business Entity Name)

(Document Number)

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

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09/17/08--01016--005 \*\*78.75

FILED

2008 SEP 24 P 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 24 2008  
D. A. WHITE

## COVER LETTER

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

**SUBJECT:** CYPRESS RESTORATION SERVICES, 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:** ABBEY NOONAN

Name (Printed or typed)

461 S.E 14TH AVENUE

Address

POMPANO BEACH, FLORIDA 33060

City, State & Zip

954-288-8569

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2008

ABBEY NOONAN  
461 SE 14TH AVE  
POMPANO BCH, FL 33060

SUBJECT: CYPRESS RESTORATION SERVICES  
Ref. Number: W08000043249

We have received your document for CYPRESS RESTORATION SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 308A00050545

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

CYPRESS RESTORATION SERVICES, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

461 S.E 14TH AVENUE, POMPANO BEACH, FLORIDA 33060

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESTORATION SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

TIMOTHY P. NOONAN PRESIDENT  
ABBEY NOONAN VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ABBEY NOONAN  
461 SE. 14TH AVENUE  
POMPANO BEACH, FLORIDA 33060

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ABBEY NOONAN  
461 S.E 14TH AVENUE  
POMPANO BEACH, FLORIDA 33060

\*\*\*\*\*

*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

Signature/Incorporator

ABBEY NOONAN

9-12-08

Date

9-12-08

Date