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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

10-14-10 CR

# **COVER LETTER**

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

SUBJECT: Home C	cleanup And Restore, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 CO	ADDITIONAL COPY REQUIRED	
FROM: Per	Nam	e (Printed or typed)		
151	8 15th Lane	Address		
Gre	enacres, FL 33463 City	, State & Zip		
954	-295-9717			
	Daytime 1	Telephone number		
НО	MECLEANUPANDRESTORE@0			
	E-mail address: (to be use	ed for future annual report	notification)	

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:

Home Cleanup And Restore, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

1518 15th Lane

Greenacres, FL 33463

#### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Any and all lawful business



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## 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):

Peter C Tingle -Managing Director 1518 15th Lane Greenacres, FL 33463

#### ARTICLE VI REGISTERED AGENT

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

Peter C Tingle 1518 15th Lane

Greenacres, FL 33463

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter C Tingle

1518 15th Lane

Greenacres, FL 33463

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

Veta Viriale
Signature/Registered Agent
Date
69 2010

Signature/Incorporator
Date