710000084808

	(Requestor's Name)
100	(Address)
	(Address)
	(City/State/Zip/Phone #)
10/19	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
MR\$1,0	

Office Use Only



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5/10--01031--007 **78.75

COVER LETTER

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

SUBJECT: No Bad Dirt. In	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Claudette Name	ON U. (Printed or typed)
	al leaf Dr.
Davie City.	FL. 33330 State & Zip
	154-423-1325
BonvilleH	elephone number OM ea a l. Com I for future annual report notification)

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

ARTICLES OF INCO	9 E & P B
In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)
The name of the corporation shall be: No Bad Dirt,	Tue SECRETARIAN SE
The name of the corporation shall be: No Dad Dir F,	SECRETARY OF STATE Mailing address, if different is: FLORIDA
ARTICLE II PRINCIPAL OFFICE	ALLAHASSEE FI OPIO
Principal street address 1872 OAK LEAF DR	
Davie FL 37350	Same
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
	10 1 Tra Agains
To do business as	S No Bad Dirt, INC. Acongan
that will assist people to Rei	move or make less available,
Heat will assist people to Rev inwanter information, articles of ARTICLE IV SHARES The number of shares of stock is: 100	other negative information
ARTICLE IV SHARES POPS UP	when their name or compan
The number of shares of stock is: 100	DERROHOU ON THE MITELLIES
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	Such as Google
Name and Title: CIAUDETE BODU; ILQ Address: 11877 OAKLEAF DUVE	
Davie (-L. 33330)	
	·
Name and Title: Address:	Name and Title: Address:
Addition.	Addiess.
	·
Name and Title:	
Address:	Address:
ARTICLE VI REGISTERED AGENT	
he name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Marchell 7000.110 Address: //872 Oak Leaf Ar	,
DAVIE, FL 33336	
ARTICLE VII INCORPORATOR	
he name and address of the Incorporator is:	
Name: Clavality Don Mile. Address: 11872 Oak Leaf Dr	<u>-</u>
DAVI 6, FC 33330	
laving been named as registered agent to accept service of process	for the above stated corporation at the place designated in
is certificate, I am famillar with and accept the appointment as regis	
CLAU	DEHEBONVILLE (Let. 10, 2010
Required Signature/Registered Agent	Date
submit this document and affirm that the facts stated herein are t	true. I am groupe that the false information submitted in a
ocument to the Department of State Constitutes a third degree felony	as provided for in s.817.155, F.S.
The state of the s	dette Daville Cct. 11, 2010
Required Signature/Incorporator	Date