## P1200058961

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## COVER LETTER

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

## SUBJECT: Gulfstream Mold Restoration 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Mark Johnson Name (Printed or typed) 6732 Dartmouth Ave. N. Address St. Petersburg, Fl City, State & Zip Daytime Telephone number

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

mjohnson31859@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the co	TOPOTATION Shall be: Gulfstream	Mold Rest	toration Inc.	
ARTICLE II	PRINCIPAL OFFICE			
_	Principal street address	Mailing ad	dress, if different is:	
	732 Dartmouth Ave. N.			
5	t. Petersburg, Fl. 33710	was an example of the same		
ARTICLE III				
The purpose for w	hich the corporation is organized is:			
Couz	waction, Mold Remedi	atir, medd	Assessor	
ARTICLE IV	SHARES			
	res of stock is:100			
11.0 11.01.01.01.01	100			
	INITIAL OFFICERS AND/OR DIRECTORS			
	tle:President	Name and Title: Vice P	resident	
Address:	Mark Johnson	Address: Crysta	l Johnson	
	6732 Dartmouth Ave N	<u> </u>	Dartmouth Ave. N.	
	St. Petersburg, Fl. 33710	St. Per	tersburg, Fl. 33710	
Name and Ti		Name and Title:		
Address:	Casey Johnson	Address:		
	6732 Dartmouth Ave. N.			
	St. Petersburg, Fl. 33710			
Nome and Ti	tle:	Name and Title:		
Address:	HC.	Address:		
ridaress.	<del></del>	radioss.		
			1 41	
	REGISTERED AGENT		7 ASS	
	rida street address (P.O. Box NOT acceptable) of t	he registered agent is:	<u>ڪ</u> ڪ	
Name:	Mark Johnson			
Address:	6732 Dartmouth Ave. N.		八 分声。	
	St. Petersburg, Fl. 33710			
ARTICLE VII	INCORPORATOR		그 물 물이다	
<del></del>	Iress of the Incorporator is:		- 9	
Name:	Mark Johnson		프 - 콘플	
Address:			STATE JRATIC 4: 20	
	6732 Dartmouth Ave. N. St. Petersburg, Fl. 33710			
	ed as registered agent to accept service of process j n familiar with and accept the appointment as regis			
1/md			6.25-12	
10101 X	Required Signature/Registered Agent		Date	
//				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
document to the D	epartment of State constitutes a third degree felony	as provided for in s.817.15:	5, F.S.	
Marie	W / L D		1-00 10	
11/11/1	1 Jaco	<del>,, , , , , , , , , , , , , , , , , , ,</del>	6-28-12	
	Required Signature/Incorporator		Date	