

P13000007779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

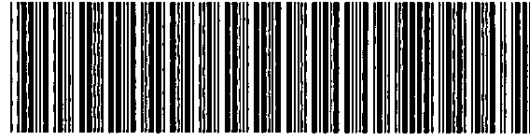
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/26/13--01022--003 \*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 26 AM 7:14

6/29  
8

## COVER LETTER

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

SUBJECT: Mold and Odor Resolution 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: Nail Slavic  
Name (Printed or typed)  
400 East Bay St #309  
Address  
Jacksonville FL 32202  
City, State & Zip  
904-838-3134  
Daytime Telephone number  
floridahomesandmortgage@yahoo.com  
E-mail address: (to be used 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:

**Mold and Odor Resolution Inc**

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**400 East Bay St #309**

**Jacksonville Fl 32202**

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful business in Florida**

**ARTICLE IV. SHARES**

The number of shares of stock is:

**100**

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

Name and Title:

**Nail Slavic**

Name and Title:

Address

**400 East Bay St #309**

Address:

**Jacksonville Fl 32202**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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OFFICE OF  
CORPORATIONS  
DIVISION

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Elmir Slavic

Address: 400 East Bay St #309

Jacksonville FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nail Slavic

Address: 400 East Bay St #309

Jacksonville FL 32202

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

8-23-13

\_\_\_\_\_  
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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Nail Slavic  
Required Signature/Incorporator

8-23-13

\_\_\_\_\_  
Date