

P/60000635/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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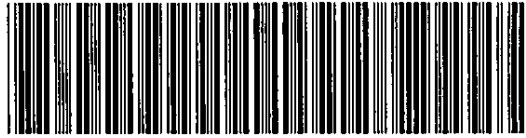
(Business Entity Name)

(Document Number)

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

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*[Signature]* 08/03/16

## COVER LETTER

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

**SUBJECT:** BUDD ENVIRONMENTAL, 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  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** W. Rodgers Moore, P.A.

Name (Printed or typed)

1900 Glades Road, Suite 300

Address

Boca Raton, FL 33431

City, State & Zip

561-394-7944

Daytime Telephone number

wrmooreslaw@gmail.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: BUDD ENVIRONMENTAL, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1289 Clint Moore Road

Boca Raton, FL 33487

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any activity or business permitted under the laws  
of the United States and the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Scirpoli, Dir., Pres. and Treas.

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

Address 1289 Clint Moore Rd.

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

Boca Raton, FL 33487

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: W. Rodgers Moore, P.A.  
Address: 1900 Glades Road, Suite 300  
Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: W. Rodgers Moore, P.A.  
Address: 1900 Glades Road, Suite 300  
Boca Raton, FL 33431

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 7/22/2016  
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.*

\_\_\_\_\_  
Required Signature/Incorporator 7/22/2016  
Date

**W. RODGERS MOORE, P.A.  
P.O. BOX 812695  
BOCA RATON, FL 33481-2695**