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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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Control of the Contro FLORIDA PROFIT/NON PROFIT CORPORATION PRS-PROPERTY RESTORATION SERVICES, INC.

Certificate of Status	1
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COVER LETTER -

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

O 09/05/2018 1:21 PM

SUBJECT: PRS-PR	OPERTY RESORATION SERVICE			
	(PROPOSED CORPOR	TE NAME - MUST INCL	UDR SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	SLIE KAMINOFF Nami	e (Printed or typed)		
		Address		
DA	NIA BEACH, FL 33004			
	City,	State & Zip		
954.	843.2526			
	Daytime T	elephone number		
LKA	MENOFF@AKAM.COM			
· 	E-mail address: (to be use	d for future annual report n	otification)	

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 PRS-PROPERTY RESORATION SERVICES, INC.				
ARTICLE IL PRIM	CIPAL OPFICE Principal street address	Mailing address, if different is:		
1815 GRIFFIN ROAD				
DANIA BEACH, FL 3	3004			
ARTICLE III PURP	he corporation is organized is:	AWFUL PURPOSE, INCLUDING BUT NOT LIMITED 1		
		PERTYAND PREMISES FOLLOWING DAMAGES		
FROM HAZARDS SU	CH AS STORMS, FLOODING AND	FIRE; ALSO		
PERFORMING CONS	TRUCTION AND OVERSIGHT OF (CONTRACTING ACTIVITIES		
	· · · · · · · · · · · · · · · · · · ·			
 				
ARTICLE IV SHAR! The number of shares of				
				
	L OPFICERS AND/OR DIRECTORS			
Name and Title	LESLIE KAMINOFF - CEO	Name and Title:		
Address	C/O AKAM ON-SITE INC	Address:		
	1815 GRIFFIN RD.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DANIA BEACH, FL 33004			
Name and Title:		Name and Title:		
Address		Address:		
				
Name and Title:		Name and Title:		
Address		Address:		
				
	·			

Name and Title:		Name and Title:	
Address		Address:	
	<u> </u>		

ARTICLE VI The pame and F	REGISTERED AGENT locked street address (P.O. Box NOT accepts	ble) of the registered agent is:	
Name:	LESLIE KAMINOFF		
Address:	1815 GRIFFIN RD.		
	DANIA BEACH, FL 33004	***************************************	
ARTICLE VII	INCORPORATOR		
The name and a	dress of the Incorporator is:		
Name:	LESLIE KAMINOFF		
Address:	1815 GRIFFIN RD		
	DANIA BEACH, FL 33004	-	
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d	ate is listed, the date must be specific and	cannot be more than five days prior or 90 days after the	
	inserted in this block does not meet the appl ffective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as cords.	
Having been nea this certificate, I	ned as registered agent to accept service of p any familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
	- 191	SEPT. 5, 2018	
	Require Signature/Registered Ages	Date Date	
I submit this document to the	Department of Stuff constitutes a third degree	in are true. I am aware that the false information submitted in a efelosy as provided for in s.817.155, P.S.	
1	- Jaff	SEPT 5, 2018	
Requ	red Signature/Incorporator	Date	