

P19000057205

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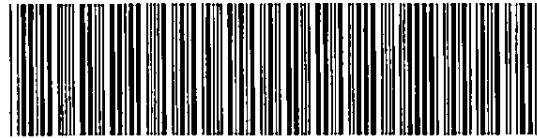
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

JEFFREY CHAVIS
507 POCAHONTAS DR
FORT WALTON BEACH, FL 32547

SUBJECT: DISASTER RESTORATION SPECIALISTS, INC.
Ref. Number: W19000050134

We have received your document for DISASTER RESTORATION SPECIALISTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P08000097138-DIASTER RESTORATION SPECIALISTS, INC.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 219A00010470

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Original

COVER LETTER

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

SUBJECT: Emerald Coast Fire & Water
Disaster Restoration Specialists, 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: Jeffrey Chavis
Name (Printed or typed)

507 Peachmont Dr
Address

Fort Walton Beach, FL 32547
City, State & Zip

(771) 839-0284
Daytime Telephone number

lcsrus@aol.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: Disaster Restoration Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

507 Paxonatas Dr

Fort Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all legal business in
the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Davis ^{V. Pres} ~~President~~

Address

507 Paxonatas Dr
Fort Walton Beach FL 32547

Name and Title: Gerald Stevens ^{Pres. + CEO} ~~President~~

Address:

507 Paxonatas Dr
Fort Walton Beach, FL 32547

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2019 JUL 22 AM 9:51

Original

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: Jeffrey Chavis
Address: 507 Peachtree Dr
Fort Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerald Stevens
Address: 507 Peachtree Dr
Fort Walton Beach FL 32547

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1 2019 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Jeffrey Chavis
Required Signature/Registered Agent

5-2-19
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.

Gerald Stevens
Required Signature/Incorporator

5-2-19
Date