

P2000065610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

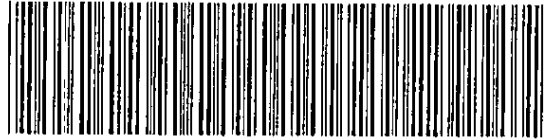
(Business Entity Name)

(Document Number)

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

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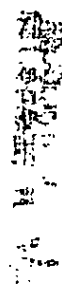
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SECRETARY OF STATE  
TALLAHASSEE, FL

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2020 AUG 26 PM 12:23



CHIEF CLERK  
TALLAHASSEE, FL

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.ingserv.com  
e-mail: accounting@ingserv.com

**ingserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@ingserv.com  
850.656.7953

**REQUEST DATE:** 8/26/2020

**PRIORITY:** Routine

**OUR REF # (Order ID#):** 848730

**ORDER ENTITY:**

GLOBAL DISASTER RECOVERY SERVICES INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**GLOBAL DISASTER RECOVERY SERVICES INC. ( FL )**

Please file the attached articles and provide a certified copy as evidence.

**NOTES:**

\$78.75 Authorized  
Email address for annual report reminders: jim@weinbergpc.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

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ARTICLE I NAME

The name of the corporation shall be: GLOBAL DISASTER RECOVERY SERVICES INC. 2020 AUG 26 AM 9:49

ARTICLE II PRINCIPAL OFFICE

Principal street address

4720 Salisbury Road  
Jacksonville, Florida 32256

Mailing address, if different is:

4720 Salisbury Road  
Jacksonville, Florida 32256

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TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Mori, Dir. Name and Title: \_\_\_\_\_

Address 4720 Salisbury Road Address: \_\_\_\_\_  
Jacksonville, FL 32256

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: Joseph Mori  
Address: 4720 Salisbury Road  
Jacksonville, FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch  
Address: 90 State Street, Suite 815  
Albany, New York 12207

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**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 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*

Joseph Mori

Required Signature/Registered Agent

8/25/2020

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.*

Lawrence A. Kirsch

Required Signature/Incorporator

8/25/2020

Date