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H21000330253ABCT

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Fax Number : (850) 617-6381

From: Account Name : UNITED AGENT SERVICES LLC
Account Number : I20210000087
Phone : (866) 246-2669
Fax Number : (520) 333-2793

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: compliance@unitedagentservices.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DirtBusters Of Tampa Bay, Inc.

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SUBJECT: DirtBusters Of Tampa Bay, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

☒ \$70.00 ☐ \$78.75
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FROM: Patty Scilimenti
Name (Printed or typed)

221 N Broad St
Address

Middletown, DE 19709
City, State & Zip

866-246-2669
Daytime Telephone number

spiromarko@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

... 1701707

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DirtBusters Of Tampa Bay, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

715 E Lime St. Apt 608715 E Lime St. Apt 608Tarpon Springs, FL 34689Tarpon Springs, FL 34689**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: Spiro Marko, Director

Name and Title: _____

Address 715 E Lime St Apt 608

Address: _____

Tarpon Springs, FL 34689

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 TALLAHASSEE, FL

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: Maria Teresa Runge
 Address: 5451 Tropic Dr
New Port Richey, FL 34653

ARTICLE VII INCORPORATOR

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

Name: Patty Scilimenti
 Address: 221 N. Broad St.
Middletown, DE 19709

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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.)

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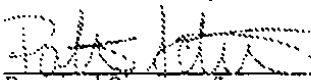
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

09/03/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature/Incorporator

09/03/2021

Date