

1/12/23, 5:59 AM

P23000002605

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: OPSBITET@GMAIL.COM

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FLORIDA PROFIT/NON PROFIT CORPORATION
All Hour Water and Mold Cleanup Corp

Table with 2 columns: Item, Value. Rows: Certificate of Status (1), Certified Copy (0), Page Count (03), Estimated Charge (\$78.75)

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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: All Hour Water and Mold Cleanup Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 14 Mossy Cove Drive
Lorida, FL 33857
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Rosen - President/Director Name and Title: _____
Address: 14 Mossy Cove Drive Address: _____
Lorida, FL 33857 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: Craig Rosen
 Address: 14 Mossy Cove Drive
Lorida, FL 33857

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Rosen
 Address: 14 Mossy Cove Drive
Lorida, FL 33857

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 TALLAHASSEE, FLORIDA

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

DocuSigned by: [Signature]

 Required Signature/Registered Agent

January 10, 2023

 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.

DocuSigned by: [Signature]

 Required Signature/Incorporator

January 10, 2023

 Date