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3/06/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: CORPORATE CREATIONS MIAMI

DEPARTMENT OF STATE

4437 SHERIDAN AVE

STATE OF FLORIDA

409 EAST GAINES STREET

MIAMI BEACH FL 33140-0000

TALLAHASSEE, FL 32399

CONTACT: JOSEPH MATA

FAX: (904) 922-4000

PHONE: (305) 538-9093

FAX: (305) 538-8994

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: DUCT DOCTORS INC.

FAX AUDIT NUMBER: H95000002541

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/06/1995

TIME REQUESTED: 12:06:29

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

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EFFECTIVE DATE

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for Sign

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SECRETARY
TALLAHASSEE, FLORIDA

03/06/95 12:06:29



FLORIDA DEPARTMENT OF STATE

Sandra B. Northington
Secretary of State

March 7, 1999

CORPORATE CREATIONS MIAMI

MIAMI BEACH, FL 1

SUBJECT: DUCT DOCTOR INC.
REF: W95000004987

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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 (904) 487-6934.

Loris Poole
Corporate Specialist

FAX Aud. #: W95000002541
Letter Number: 199A00010105

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

Articles of Incorporation
of
Duct Doctor Inc.

Article I. Name

The name of this Florida corporation is Duct Doctor Inc.

Article II. Address

The mailing address of the Corporation is:

Duct Doctor Inc.
3582 West Broward Blvd
Ft. Lauderdale, FL 33312

Article III. Capital Stock

The Corporation shall have the authority to issue 2000 shares of common stock, par value \$.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Robert A. Murphy
3582 West Broward Blvd
Ft. Lauderdale, FL 33312

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-8091

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE

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extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Robert A. Murphy

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of March 6, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on March 6, 1995.

Corporate Creations International Inc.

By: Joseph P. Mata
Joseph P. Mata, Secretary

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 538-9091

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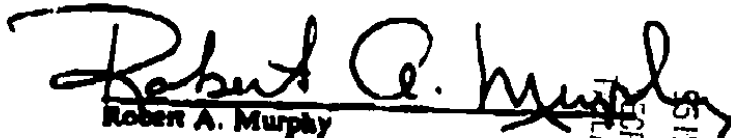
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

CORPORATION:
Duct Doctor Inc.

REGISTERED AGENT:
Robert A. Murphy
3982 West Broward Blvd
Ft. Lauderdale, FL 33312

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.


Robert A. Murphy

Date: March 6, 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 888-8081

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000018466**

1. Corporation Name

DUCT DOCTOR INC.

Principal Place of Business

**3002 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312**

Mailing Address

**3002 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1985

5. FEI Number

65-0590-168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MURPHY, ROBERT A	% 3002 WEST BROWARD BLVD.	FT. LAUDERDALE FL 33312

**600002013636--6
-11/26/96--01024--017
***375.00 ***375.00**

8. Name and Address of Current Registered Agent

**MURPHY, ROBERT A
3002 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/15/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96 954-587-6870

Daytime Phone #