

796000097853

TRANSMITTAL LETTER

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

EFFECTIVE DATE
1-1-97

100002016111--2
-11/27/96--01076--004
****122.50 ****122.50

SUBJECT: BROWARD RESTORATION INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sherif Kody
Name (Printed or typed)

101 NW SAUE.
Address

FT. LAUD. FL. 33311
City, State & Zip

1-800-379-8648
Daytime Telephone number

FILED
96 NOV 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

KR
12-4-96

ARTICLES OF INCORPORATION

FILED
96 NOV 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

EFFECTIVE DATE
1-1-97

ARTICLE I NAME

The name of the corporation shall be:

Broward Restoration Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

101 NW 5 AVE
F.T. LAUD. FL.
33311

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sherif Kody
714 NW 12 AVE
DANIA FL. 33004

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sherif Kody
714 NW 12 AVE.
DANIA FL. 33004

TO BE EFFECTIVE ON 1-1-97

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of JANUARY, 19 97.

(An additional article must be added if an effective date is requested.)

Sherif Kody
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Broward Restoration Inc
2. The name and address of the registered agent and office is:

Sherif Kody
(NAME)

101 NW 5th F.F. LAUD. FL. 33311
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

F.F. LAUD. FL. 33311
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sherif Kody
(SIGNATURE)

11/25/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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NOV 27 AM 11:32
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TALLAHASSEE, FLORIDA