

Charter Number Only

P98000024304

VALUATION ONLY

Requestor's Name
Address
City State ZIP Phone

9000002447629--4
-03/05/98-01008-010
****122.50 ****122.50

CORPORATION(S) NAME

M.P.S., INC Maintenance Repair
Specialist, INC.
Land Repair & Maintenance, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
98 MAR 16 AM 10:24

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
☐ Mail Out
- ☒ Pick Up

Name
Availability
Document
Examiner
Update
Verifier
Acknowledgment
W.P. Verifier

certify co

W98-4902

RECEIVED
98 MAR -5 AM 9:35
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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DIVISION OF CORPORATION

March 11, 1998

EMPIRE

TALLAHASSEE, FL

SUBJECT: MAINTENANCE REPAIR SPECIALIST, INC.
Ref. Number: W98000004902

We have received your document for MAINTENANCE REPAIR SPECIALIST, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 398A00013204

ARTICLES OF INCORPORATION
OF

LAND REPAIR & MAINTENANCE, INC.

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.

ARTICLE I NAME

The name of the corporation shall be:
LAND REPAIR & MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

540 SW 27TH AVE BAY 773
FT LAUDERDALE, FL 33312

ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

SHELBY DECKER
540 SW 27TH AVE BAY 773
FT LAUDERDALE, FL 33312

ARTICLE V INCORPORATOR(S)

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

SHELBY DECKER
540 SW 27TH AVE BAY 773
FT LAUDERDALE, FL 33312

The undersigned has (have) executed these Articles of Incorporation this 4th day March, 1998.

Shelby Decker Pres.
SIGNATURE & TITLE DATE

98 MAR 16 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CERTIFICATE OF DESIGNATION
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:

LAND REPAIR & MAINTENANCE, INC.

2. The name and address of the registered agent and office is:

SHELBY DECKER
540 SW 27TH AVE BAY 773
FT LAUDERDALE, FL 33312

SIGNATURE Shelby Decker
(corporate officer)

TITLE President

DATE 3/4/98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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.

SIGNATURE Shelby Decker

DATE 3/4/98

REGISTERED AGENT FILING FEE: \$35.00

FILED
MAR 16 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA