

P99000060493

TRANSMITTAL LETTER

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

700002920827--2
-07/01/99-01058-004
*****87.50 *****87.50

SUBJECT:

THE RESTORE GROUP, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MARSHALL R. BRACEY
Name (Printed or typed)

28 MAGNOLIA ST
Address

TANKEETOWN FL 34498
City, State & Zip

352-447-4455
Daytime Telephone number

99 JUL -1 AM 9:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
2-2-99

Articles of Incorporation

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

ARTICLE I NAME

The name of the corporation shall be The Restore Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

28 Magnolia Street
Yankeetown, FL 34498

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John T. Bracey
28 Magnolia Street
Yankeetown, FL 34498

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Marshall R. Bracey
28 Magnolia Street
Yankeetown, FL 34498


Signature/Incorporator

6-30-99
Date

Having been named as registered agent 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.


Signature/Registered Agent

6-30-99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA