

99000067943

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jacksonville Restoration &
Preservation Services, Inc

100002945931--9
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*****78.75 *****78.75

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: LS

Name _____

Date 7/30/99 Time 10:08

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
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☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
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☐ Annual Report / Reinstatement _____
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☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
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☐ Driving Record _____
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

JACKSONVILLE RESTORATION & PRESERVATION SERVICES, INC.

The undersigned incorporator to these Articles of Incorporation, hereby executes the Articles of Incorporation to form a corporation under the laws of the State of Florida.

I.

NAME

The name of this corporation is JACKSONVILLE RESTORATION & PRESERVATION SERVICES, INC.

II.

DURATION

This corporation shall begin on the date of its incorporation and exist perpetually.

III.

PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under THE FLORIDA BUSINESS CORPORATION ACT, Chapter 607, Florida Statutes 1993.

IV.

CAPITAL STOCK

This corporation is authorized to issue one thousand (1000) shares of \$1.00 par value voting stock which shall be designated common shares.

V.

INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal place of business of this corporation is 4579 Lenox Avenue, Jacksonville, Florida 32205, and the name of the initial registered agent of this corporation is JOANN MANGE.

VI.

INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors are:

<u>NAME</u>	<u>ADDRESS</u>
JOANN MANGE	4579 Lenox Avenue Jacksonville, FL 32205
CAROL R. CRAIG	4579 Lenox Avenue Jacksonville, FL 32205

VII.

INCORPORATOR

<u>NAME</u>	<u>ADDRESS</u>
JOANN MANGE	4579 Lenox Avenue Jacksonville, FL 32205

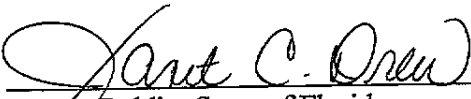
IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand and seal this 29th day of July, 1999. I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


JOANN MANGE

STATE OF FLORIDA)
) SS.
COUNTY OF DUVAL)

PERSONALLY APPEARED BEFORE ME, the undersigned attesting officer, came JOANN MANGE, known to me to be the individual described herein and who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed the same for the purpose therein expressed.

Dated this 29th day of July, 1999.



Notary Public, State of Florida.

Name: Janet C. Drew

My Commission Number

My Commission Expires



Janet C. Drew
MY COMMISSION # CC852583 EXPIRES
July 6, 2003
BONDED THRU TROY FAIR INSURANCE, INC.

☒ Personally Known OR ☐ Produced Identification
Type of Identification:

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TALLAHASSEE FLORIDA