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SEE ALSE PLANTING OF CLARGINGS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BUBBA LOGUE PLL	IMBING, INC.		_					
·			<u> </u>					
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Art of Inc. File				
				LTD Partnership File				
				Foreign Corp. File	_			
				L.C. File				
				Fictitious Name File				
				Trade/Service Mark				
				Merger File				
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				Vehicle Search				
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Name	Date	Time		UCC 11 Search				
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COVER LETTER

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

SUBJECT: Buk	ba Logue Plumi	bing, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 REQUIRE		
		e (Printed or typed)		
43	365 Lynx Paw Tr		·- 	
V	alrico, FL 33596	Address		
(8	13) 532 - 0108	, State & Zip		
hc	owardstitzel@yahoo			
	E-mail address: (to be us	ed for future annual report	notification)	

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI	NCIPAL OFFICE	Mailing ad	dunca if different in
Principal <u>street</u> address 810 Island Pond Dr.		(same)	dress, if different is:
ant City; FI		(Same)	
·	33303		
	the corporation is organized is:	t all legally transactional busin	
the state of	Florida and to engage in	a plumbing busin	ess
	ARES 10,000 with par value of \$1.0	0 each	
e number of shares o	f stock is:		15 HAI TALLA
e number of shares of	f stock is:	<u>Drs</u>	15 HAR 18
e number of shares of RTICLE V IN. Name and Tit	f stock is: 10,000 with pair value of \$1.0 TTIAL OFFICERS AND/OR DIRECTO le: David Alan Logue, Pres./D	DRS ir. Name and Title:	#F 60 F
e number of shares of	rtial officers and/or directors: David Alan Logue, Pres./D 3810 Island Pond Dr.	<u>Drs</u>	7 Ti
e number of shares of RTICLE V IN. Name and Tit	f stock is: 10,000 with pair value of \$1.0 TTIAL OFFICERS AND/OR DIRECTO le: David Alan Logue, Pres./D	DRS ir. Name and Title:	# 6 F
e number of shares of RTICLE V IN. Name and Tit	rtial officers and/or directors: David Alan Logue, Pres./D 3810 Island Pond Dr.	DRS ir. Name and Title:	# 6 F
e number of shares of RTICLE V IN Name and Tite Address	rtial officers and/or directors: David Alan Logue, Pres./D 3810 Island Pond Dr.	DRS ir. Name and Title: Address:	18 AH 8: 48
e number of shares of RTICLE V IN Name and Tite Address	rtial officers and/or directors. David Alan Logue, Pres./D 3810 Island Pond Dr. Plant City, FL 33565	DRS ir. Name and Title: Address: Name and Title:	18 AH 8: 48
RTICLE V IN Name and Tit Address Name and Titl	rtial officers and/or directors. David Alan Logue, Pres./D 3810 Island Pond Dr. Plant City, FL 33565	DRS ir. Name and Title: Address: Name and Title: Address:	18 AM 8: 48
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RTICLE V IN Name and Tit Address Name and Titl Address	rtial officers and/or directors David Alan Logue, Pres./D 3810 Island Pond Dr. Plant City, FL 33565	DRS ir. Name and Title: Address: Name and Title: Address:	18 AM 8: 48
RTICLE V IN Name and Tit Address Name and Titl Address	rtial officers and/or directors. David Alan Logue, Pres./D 3810 Island Pond Dr. Plant City, FL 33565	DRS ir. Name and Title: Address: Name and Title: Name and Title:	18 AM 8: 48

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	D. Howard Stitzel III	
Address:	4365 Lynx Paw Tr.	
	Valrico, FL 33596	
ARTICLE VII	INCORPORATOR	15 TAL
The name and ad	dress of the Incorporator is:	
Name:	D. Howard Stitzel III	
Address:	4365 Lynx Paw Tr.	
	Valrico, FL 33596	— See
Having been nam	ned as registered agent to accept service of pro nm familiar with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
_ to row	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree for	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
Dobe	Required Signature/Incorporator	3 17 15 Date