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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

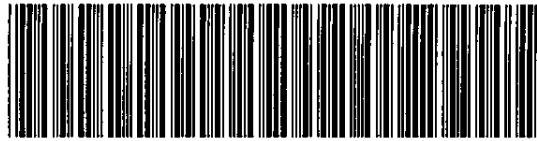
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAR 29 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: BUTLER PLUMBING & AIR CONDITIONING INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
BUTLER PLUMBING & AIR CONDITIONING INC.

Enclosed are 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: JONATHAN SABAROFF  
Name (Printed or typed)

5399 NW 60<sup>TH</sup> DR.  
Address

CORAL SPRINGS FL 33067  
City, State & Zip

215 205-5817  
Daytime Telephone number

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

BUTLER PLUMBING + Air Conditioning Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5399 NW 60<sup>th</sup> Dr.  
CORAL SPRINGS, FL 33067

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PLUMBING + Air Conditioning SERVICE

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JONATHAN SABANOFF Pres.  
5399 NW 60<sup>th</sup> Dr.  
CORAL SPRINGS, FL 33067

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JONATHAN SABANOFF  
5399 NW 60<sup>th</sup> Dr.  
CORAL SPRINGS, FL 33067

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JONATHAN SABANOFF  
5399 NW 60<sup>th</sup> Dr.  
CORAL SPRINGS, FL 33067

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

MAR 22 2007  
Date

MAR 22 2007  
Date