

P07000105370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07 SEP 20 AM 8:51

9/24/07

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 20 AM 8:51

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

SUBJECT:

BUTLER PLUMBING INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Jon SABAROFF

Name (Printed or typed)

5399 NW 60<sup>th</sup> DRIVE

Address

CONAL 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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**ARTICLE I NAME**

The name of the corporation shall be:

BUTLER PLUMBING INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5399 NW 60th Drive  
CONAL SPRINGS, FL 33067

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PLUMBING 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):

Jon SABAHOFF (OWNER)  
5399 NW 60th Dr.  
CONAL SPRINGS, FL 33067

**ARTICLE VI REGISTERED AGENT**

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

Jon SABAHOFF  
5399 NW 60th Dr.  
CONAL SPRINGS, FL 33067

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jon SABAHOFF  
5399 NW 60th Dr.  
CONAL 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

Jon SABAHOFF

Date

Date