Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: CHECKMATE Account Name Account Number : I20030000146 Phone : (941)366-1819 : (866)582-8258 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LICENSING@CHECKMATEPLACE.COM

FOREIGN PROFIT/NONPROFIT CORPORATION WEST PLUMBING SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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Corporate Filing Menu

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4/6/2011 4:29 PM

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|--|---|-----------|
| SUBJECT: WEST PLUMBING SER | RVICES, INC. | |
| | poration - must include suffix | |
| Dear Sir or Madam: | | |
| | tion for Authorization to Transact Business in Florida," tted to register the above referenced foreign corporation to | |
| Please return all correspondence concerning this | s matter to the following: | |
| N: | ame of Person | |
| CHECK MATE | E LICENSING SERVICE | |
| Fir | гті/Сопрану | |
| 4411 BEE | E RIDGE RD. #257 | |
| | Address | |
| | OTA, FL 34233 | |
| • | /State and Zip code | |
| | HECKMATEPLACE.COM e used for future annual report notification) | |
| For further information concerning this matter, p | please call: | ~ |
| | | WINSIONS |
| STALEY WEIDMAN at (| 941 366.1819 | APR |
| Name of Person | Area Code & Daytime Telephone Number | OF CORE |
| STREET/COURIER ADDRESS: New Filing Section | MAILING ADDRESS: New Filing Section | AN ID: 06 |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | 3 |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Statu | | & |

APPLICATION BY FOREIGN CORPORATION FOR AUTIIORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (Enter name of corp | ING SERVICES, INC. pration; must include "INCORPORATE " "Inc," "Co," or "Corp.") | ED," "COMPANY," "CORPORATION," | | |
|---|---|---|--|----------------------|
| me., co., corp. | The, Co, or Corp.) | | | |
| ROBERT WES | T PLUMBING SERVICES, IN | C. | | |
| | | me adopted for the purpose of transacting business in Florida) | _ | |
| 2 GEORGIA | | 3. 27-4435896 | | |
| | er the law of which it is incorporated) | (FEI number, if applicable) | - | |
| 4 01/05/2011 | | 5 PERPETUAL | | |
| | incorporation) | 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") | _ | |
| 6. 04/20/2011 | | | | |
| | | ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) | - | |
| 7, 2015 WILD CHE | ERRY DR TALLAHASSEE, FI | L 32305 | | |
| | (Principal office a | address) | - | |
| 2015 WILD CHI | ERRY DR TALLAHASSEE, F | L 32305 | _ | |
| | (Current mailing a | address) | - | |
| | ANN AND ALL L | AVATERI DIRONITOO | 20 | N SE |
| 8. ANY AND ALL LAWFUL BUSINESS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | | APR | 52 22 22 23 24 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26 | |
| | | | ಸ | 97 |
| 9. Name and street ac | idress of Florida registered agent: (I | P.O. Box NOT acceptable) | တ် | 23 |
| Name: | WILLIAM ROBERT WEST, III | ı | AM 10: 06 | 33.5 23.5 23.5 |
| O60 A.I.I | 2015 WILD CHERRY DR | | <u></u> | A |
| Office Address: | 2010 VALO OFFICIAL DA | - | 0 | |
| - | TALLAHASSEE | , Florida 32305 | יט | • ^ |
| | (City) | (Zip code) | | |
| 10. Registered agen | t's acceptance: | | | |
| | | rvice of process for the above stated corporation at the | | , |
| | | ntment as registered agent and agree to act in this capa is relative to the proper and complete performance of m | | |
| | th and accept the obligations of my | | | • |
| • | | | | |
| | 111014/11 | | | |
| _4 | MUKANN SILL | | | |
| | (Registered agent's signatu | re) | | |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

16:34 04/06/11GMT-05 Pg 05-06

E N. BO. SECRETARY OF STATE DIVISION OF CORECRATIONS

| 12. Names and business addresses of officers and/or directors: | 2011 APR -6 | AM IO: O6 |
|---|-----------------------|--|
| A. DIRECTORS | 2017 111 11 | HITTO OU |
| Chairman: | | |
| Address: | | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| B. OFFICERS President: WILLIAM ROBERT WEST III | | |
| Address: 2015 WILD CHERRY DR TALLAHASSEE, FL 32305 | | |
| | | ······································ |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | <u> </u> | |
| Address: | | |
| Treasurer: | | |
| Address: | | |
| | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional o | fficers and/or direct | tors. |
| 3. Will Roht hot I | | |
| (Signature of Director or Officer listed in number 12 of the applica | ution) | |
| 4. WILLIAM ROBERT WEST III Cryped or printed name and capacity of person signing applications. | | |
| CI Voed or printed name and capacity of nerson signing application | วกว | |

Control No. 11001087

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

WEST PLUMBING SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/05/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of April, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7279110-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify asp SECRETARY OF SIGHT DIVISION OF BORPORAL BUT