Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000311061 3)))



H210003110613ABCP

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

Phone : (239)334-2195

: (239)332-2243 Fax Number

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

FOREIGN PROFIT/NONPROFIT CORPORATION

Plumbing Professionals Co.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

421000311.061



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

PAVESE LAW FIRM

SUBJECT: PLUMBING PROFESSIONALS CO.

REF: W21000114979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The conflict is 432519.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H21000311061 Letter Number: 021A00019990

P.O BOX 6327 - Tallahassee, Florida 32314

HS100031061

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COVER LETTER

	Registration Section Division of Corporat	ions			
SUBJE	CT: Plumbing Pro	fessionals Co.			
00202		Name of corpor	ration - m	ust include suffix	<u> </u>
Dear Sin	or Madam:				
"Certifi		"Certificate of Good	Standing	norization to Transact "and check are subm Florida.	
Please r	eturn all corresponde	nce concerning this r	natter to t	he following:	
	Charles Bryan Capp	s, Esq.			
	· · · · · · · · · · · · · · · · · · ·	Nan	ne of Pers	on	· · · · · · · · · · · · · · · · · · ·
	Pavese Law firm				
		Firm	/Compan	y	
	P. O. Box 1507				
			Address		
	Fort Myers, FL 3390	02-1507			
cbo	@pavesclaw.com 🗸	/ City/S	tate and 2	Cip code	
	E-	mail address: (to be	used for f	uture annual report no	tification)
For furt	her information conc	erning this matter, pl	ease call:		
Charles	B. Capps	239 at ()	336-6219	
	Name of Person		a Code	Daytime Telepho	one Number
	STREET/COURIE Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	ions assee et, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please n	ed is a check for the for nake check payable to: 1 00 Filing Fee		□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

H>100311061

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.

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Zip code)
the above stated corporation at the place agent and agree to act in this capacity. I per and complete performance of my duties, agent.
1

1). For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

+44100311061

A. DIRECTORS

□ Chairman	Name: Robert Dullard	□Chairman	Vamer	
□Vice Chairman	P O Box 571			
□Director	Morris, IL 60450	Director		
■President		□President		
□Vice President		Vice President		
Secretary	Treasurer	□ Secretary		☐Treasurer
□Other				□Other
□Chairman	Name:	©Chairmen	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	·
Director		Director		
□President		President		
□Vice President		□ Vice President		
□ Secretary	☐ Treasure:	□ Secretary		□Treasurer
□ Other	Other	□ Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	⊡Vice Chairman	Address:	
□Director		E.D.		
□ President		□ President		
□Vice President		□ Vice President		
☐Sccretary	□ Treasurer	□ Secretary		□Treasurer
□ Other	Other	□ Other		Other
individuals may be	Use an attachment to report more that anded to the index when filing your	six (6). The attachment will be image Florida Department of State Annual Re	d for reporting sport form.	purposes only. Non-indexed
12.	Signa	ture of Director or Officer		
The officer or directly she is aware that fa	ctor signing this document (and who i	s listed in number 11 above) affirms the ent to the Department of State constitu	at the facts stat ites a third degr	ed herein are true and that he or see felony as provided for in

(Typed or printed name and capacity of person signing application)

Robert Dullard, President

File Number

6409-877-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PLUMBING PROFESSIONALS CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of AUGUST A.D. 2021.

Authentication #: 2123101988 verifiable until 08/19/2022

Authenticate at: http://www.llsos.gov

Desse White

SECRETARY OF STATE