Mladd 3851

(Re	questor's Name)	 			
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
W16-3223	(Y)				

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MAY 13 2016 S. YOUNG



2016 MAY 12 AM 2:31

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2016

WILLIAM KIRKOIAN 15449 LAKE MAGNOLIA PLACE DELRAY BEACH, FL 33484 US

SUBJECT: YOUR 1 PLUMBER LLC

Ref. Number: W16000032223

We have received your document for YOUR 1 PLUMBER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00009061

16 APR 29 PH 2: 59

COVER LETTER

TO:

Registration Section

ВЈЕСТ:	<u> </u>	Name of	Limited Liability	Company			
		reign Limited Liability Com ed to register the above refer					
ase return al	l correspondence	concerning this matter to the	following:				
	William Kirko	ian					
	-	N	ame of Person			_	
	Your I Plumbe	PF .					
		F	irm/Company			- ·	
	15449 Lake M	agnolia Place				16 APR	SECRE
•			Address			- × 29	TARE
	Delray Beach,	FL 33484				9 PM	
		City/S	State and Zip Code			- 2	무용
٠.	wkirkorian@you	ur1plumber.com				59	걸제
		E-mail address: (to be use	d for future annua	report not	ification)	_	
further info	rmation concernin	g this matter, please call:					
Willia	m kirkorian		240 at (832-601	0		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	_	
Division Registre P.O. B	ING ADDRESS: on of Corporation: ration Section ox 6327	S	<u>.</u>	Division of Registrati			-
i anan	assee, FL 32314				cutive Center Circle ee, FL 32301		
	neck for the follow	•			_		
■ \$12	5.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	ng Fee &	□ \$160.00 Filing Fee, Cof Status & Certified Co		ate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	agn Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC)
(If name unavailable, enter a Liability Company," "L.L.C,		sacting business in Florida. The alternate name mu	ust include "Limited
2. Maryland	3. 2	26-3487637	
(Jurisdiction under the law company is organized)	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4. June 1, 2016			
•	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5. 13504 Jamieson Place			
Germantown, MD 208	74		
	(Street Address of Principal	Office)	
6. 15449 Lake Magnolia l	Place		SEC ALL
Delray Beach, FL 3348	34		APR 29
	(Mailing Address)		29 (\$22 F
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
_	William Kirkorian	<u></u>	<u> </u>
Name:	William Kitkorian		2: 5
Office Address:	15449 Lake Magnolia Place	<u></u>	9 5 m
	Delray Beach	, Florida 33484	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointment as	process for the above stated limited liability of registered agent and agree to act in this cal and complete performance of my duties, and ant's signature)	pacity. I further agree
8. The name, title or capa	ncity and address of the person(s) who has	s/have authority to manage is/are:	
William Kirkorian- Presid	ent / Owner		
			

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

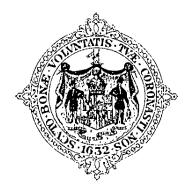
I FURTHER CERTIFY THAT YOUR 1 PLUMBER LLC, REGISTERED SEPTEMBER 30, 2008, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 09, 2016.

16 APR 29 PH 2: 59

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice