

N220 0001 4274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

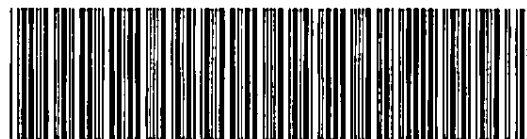
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DATE 12-13-22 BY 6025

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COVER LETTER

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

SUBJECT: BROWARD COUNTY CHAPTER FLA ASSOC OF PLUMBING GAS MECHANICAL INS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: TIMOTHY FALLON

Name (Printed or typed)

19186 NW 13 CT.

Address

PEMBROKE PINES FL. 33029

City, State & Zip

954-790-0008

Daytime Telephone number

TFALLON@CORALSPRINGS.GOV

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Broward County Chapter FLA Assoc of Plumbing Gas Mechanical ins INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
19186 NW 13 CT

PEMBROKE PINES FL.

33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide maximum safety to life, health and property through education and training of our entire membership.

To strive for better working conditions and closer cooperation between inspectors and contractors.

To work toward the adoption and enforcement of State Plumbing, Gas and Mechanical Codes.

To assist any and all State, County and Local Health Departments and Agencies in any manner to provide better sanitary and safety laws and measures that are recognized as essential to the Health, Safety and Welfare to all citizens of this State.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: yearly elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROY FIGUEROA/ PRESIDENT

Address: 6801 NW 30ST.
MARGATE FL. 33063

Name and Title: TIMOTHY FALLON/ TREASURER

Address: 19186 NW 13 CT.
PEMBROKE PINES FL. 33029

Name and Title: TIMOTHY REGER/ VICE-PRESIDENT

Address: 266 NW 93 AVE.
CORAL SPRINGS FL. 33071

Name and Title: _____

Address: _____

Name and Title: JOHN CARPENTER/ SECRETARY

Address: 12986 HAMPTON LAKES CIRCLE
BOYNTON BEACH FL. 33436

Name and Title: _____

Address: _____

2022 DEC 13 PM 6:25

Attest:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TIMOTHY FALLON

Address: 19186 NE 13 CT.

PEMBROKE PINES FL. 33029

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TIMOTHY FALLON

Address: 19186 NW 13 CT.

PEMBROKE PINES FL. 33028

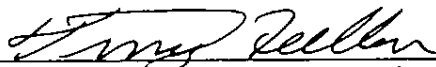
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature of Registered Agent

TIMOTHY FALLON

DECEMBER 8, 2022

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

TIMOTHY FALLON

DECEMBER 8, 2022

Date

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ALLAHBASSI, JEFFREY