

P000000 42051

FLORIDA STATE COMPLIANCE

235

Transmittal Letter

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

FILED
00 APR 24 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: GIBSON Drain Cleaning and Plumbing Repair Services, 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

☐ \$122.50
Filing fee
& Certified Copy

☐ \$131.25
Filing fee,
Certified Copy,
& Certificate

Additional Copy Required

FROM: Sharon GIBSON

Name (printed or typed)

2120 STRYKER ST

Address

Orlando, FL 32805

City, State & Zip

(407) 872-1164

Daytime Telephone Number

300003211053--5
-04/17/00--01110--004
*****78.75 *****78.75

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

RECEIVED

APR 26 2000

41-10494

22971



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 20, 2000

SHARON GIBSON
2120 STRYKER STREET
ORLANDO, FL 32805

SUBJECT: GIBSON DRAIN CLEANING AND PLUMBING REPAIR SERVICES,
INC.
Ref. Number: W00000010494

We have received your document for GIBSON DRAIN CLEANING AND PLUMBING REPAIR SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of 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) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 100A00021877

Articles of Incorporation

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

GIBSON Drain Cleaning and Plumbing Repair Services, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 540132

Orlando, FL 32805

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: /Incorporator

Johnnie GIBSON

2120 STRYKER ST

Orlando, FL 32805

ARTICLE V: INCORPORATOR(S)

See instructions for officers/directors.

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation is (are):

Johnnie GIBSON (President)

SHARON GIBSON (Vice-President)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CO-APR-24 PM 3:14

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X

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of April, 19 2000

(An additional article must be added if an effective date is requested.)

Sharon Wilson (Registered Agent/Incorporator)

Signature

Sharon Wilson

Signature

Signature

Notarization is not required.

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Filing Fee \$70.00

**Certificate of Designation of
Registered Agent/Registered Office**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

GIBSON Drain Cleaning and Plumbing Repair Services, Inc.

2. The name and address of the registered agent and office is:

Johnnie Gibson

(Name)

5812 Judy Dee Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Orlando, Florida 328

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 24 PM 3:14

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