

TRANSMITTAL LETTER

P010000087708

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -6 PM 12:59

APPROVED
AND
FILED

SUBJECT:

K + J Plumbing, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

David E Paul

Name (Printed or typed)

110 Squire Rd

Address

200004572882--9

-09/06/01--01064--021

*****78.75 *****78.75

Apalachicola, FL 32320

City, State & Zip

850-653-6071

Daytime Telephone number

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

2001 SEP -6 PM 12:59
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Paul

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

K + J Plumbing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

110 Squire Rd
Apalachicola FL 32320

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

plumbing (construction)

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Lisa J. Munson, CPA
9 Island Drive - Box 219
Eastpoint, FL 32328

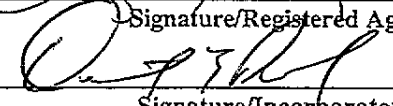
ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

David E Paul
110 Squire Rd Apalachicola, FL 32320

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/Registered Agent


Signature/Incorporator

9-6-01
Date

9-6-01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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