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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Çertificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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

SUBJECT: <u>CONRAD PLUMBING</u>, <u>INC.</u> (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee & Certificate

FROM: TROY CONRAD
Name (printed or typed)

12527 CHICAGO AVE Address

HUDSON, FL 34669 City, State & Zip

(727) 243-6457 Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF INCORPORATION

O3 HAY 12 PM 1:
SLUKLIAN SSEE, FLU

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:

CONRAD PLUMBING, INC.

ARTICLE II PRINCIPAL OFFICE

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

12527 CHICAGO AVE HUDSON, FL 34669

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TROY CONRAD 12527 CHICAGO AVE HUDSON, FL 34669

ARTICLE V INCORPORATOR(S)

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

TROY CONRAD 12527 CHICAGO AVE HUDSON, FL 34669

ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)

TROY CONRAD - DIR., PRES., TREAS. CATHERINE CONRAD - DIR., V.P., SEC. 12527 CHICAGO AVE HUDSON, FL 34669 HUDSON, FL 34669

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

2ND day of MAY 20 03.

Signature

· Joy of Comol

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: <u>CONRAD PLUMBING, INC.</u>
- 2. The name and address of the registered agent and office is:

TROY CONRAD (Name)

<u>12527 CHICAGO AVE</u> (P.O. Box <u>not</u> acceptable)

HUDSON, FL 34669 (City/State/Zip) 03 MAY 12 PM 1:47
SECREDARY OF STATE
TALLAHASSEE, FLORID.

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 statues 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

May 2, 2003 Date