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CORPORATION(S) NAME

() Merger
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() After 4:30
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TRANSMITTAL LETTER

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

SUBJECT:	m s 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	□ \$78.75	□ \$78.75	·\$87 . 50					
Filing Fee	Filing Fee	Filing Fee	Filing Fee,					
	& Certificate of Status	& Certified Copy	Certified Copy					
			& Certificate of					
		•	Status					
		ADDITIONAL CO	PY REQUIRED					
	i							
FROM:	CAMILLE PERRIN	inted or typed)	 					
	Name (11	inted of typed)						
	_							
	14115 BROKEN WING LA							
Address								
PALM BEACH GARDENS, FL 33418								
	City, State & Zip							
	561 776 0402							
Daytime Telephone number								

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 4, 2004

EMPIRE

SUBJECT: M S PLUMBING, INC. Ref. Number: W04000004723

We have received your document for M S PLUMBING, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000005705.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 204A00007415

OU FEB - 9 AM IO: 33

OU FEB - 9 AM IO: 33

OUBSION OF CORPORATION

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:

M SQUARED PLUMBING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14115 BROKEN WING LANE

PALM BEACH GARDENS, FLORIDA 33418

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

SERVICE PLUMBING, REMODELLING INVOLVING PLUMBING, INSTALLATION OF ANY AND ALL PLUMBING RELATED MATERIALS IN NEW OR EXISTING STRUCTURES, EITHER RESIDENTIAL OF COMMERCIAL IN THE SCOPE OF ALL PLUMBING WORK SHALL BE SERVICE ORIENTED IN GENERAL. NATURE.

ARTICLE IV SHARES

The number of shares of stock is:

THERE SHALL BE 100 SHARES OF STOCK ISSUED AS OF THE EFFECTIVE DATE OF THIS CORPORATION

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

MARK T. STRONG

PRESIDENT

CAMILLE PERRIN

VICE PRESIDENT/ SECRETARY/ TREASURER

THERE SHALL BE NO OTHER OFFICERS/DIRECTORS AS OF THE EFFECTIVE DATE.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARK T. STRONG

14115 BROKEN WING LANE

PALM BEACH GARDENS, FLORIDA 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAMILLE PERRIN

14115 BROKEN WING LANE

PALM BEACH GARDENS, FL 33418

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

Date DA DOO

Signature/Incorporator

CAMILLE PERRIN