

P040000 29486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

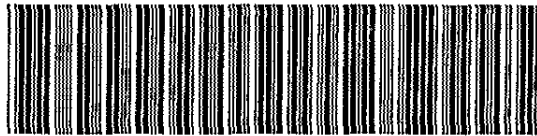
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Stubb GAVE
AUTHORIZATION BY PHONE TO
CORRECT Act VI
DATE 2/14/04
DOC. EXAM TH

Office Use Only



300028279103

02/06/04--01073--004 **78.75

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB -6 AM 8:59

FILED

TRANSMITTAL LETTER

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

SUBJECT: Carl Stubbs 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:

Carl L. Stubbs

Name (Printed or typed)

P.O. Box 540

Address

Woodville, FL 32362

City, State & Zip

850-933-9542

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Carl Stubbs Plumbing Inc.

04 FEB -6 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 540 / Woodville, FL.
32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Plumbing Contractor Needs Incorporation
To Comply with Florida Workers Compensation Law.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Carl L. Stubbs

ARTICLE VI REGISTERED AGENT

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

Carl L. Stubbs
10 Ann Cir
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carl L. Stubbs
P.O. Box 540
Woodville, FL 32362

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

Carl L. Stubbs
Signature/Registered Agent

02/04/04
Date

Carl L. Stubbs
Signature/Incorporator

02/04/04
Date