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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: McNABB PLUMBING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: AMY McNABB  
Name (Printed or typed)

2429 MILLIE AVENUE S.  
Address

LEHIGH ACRES, FL 33971  
City, State & Zip

(239) 334-7696  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

McNABB PLUMBING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2429 MILLIE AVENUE S., LEHIGH ACRES, FL 33971

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE PLUMBING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

AMY McNABB, PRESIDENT, SECRETARY & TREASURER  
SCOTT McNABB, VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

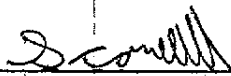
SCOTT McNABB  
2429 MILLIE AVENUE S.  
LEHIGH ACRES, FL 33971

**ARTICLE VII INCORPORATOR**

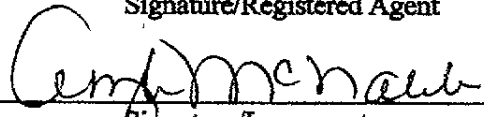
The name and address of the Incorporator is:

AMY McNABB  
2429 MILLIE AVENUE S,  
LEHIGH ACRES, FL 33971

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

2-24-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-24-04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA