# 04000151868

(Requestor's Name) (Address)	100042257761
(City/State/Zip/Phone #)     PICK-UP     (Business Entity Name)        (Document Number)        Certified Copies        Special Instructions to Filing Officer:      Office Use Only	11/02/0401045020 **78.75 OLNOV-5 PHI2: 29 OLNOV-5 PHI2: 29 OLNOV-2 ANII: 18 OLNOV-2 ANII: 18 OLNOV-2 OLNOV-2 ANII: 18 OLNOV-2
	10

			ł	
<u> </u>	XPRESS CORPORATE F Requestor's			-
<u>1(</u>	000 PONCE DE LEON BI Addr		<u></u>	
<u>_C(</u>	ORAL GABLES, FL 3313 City/State/Zip	4 (305) 444-4994 Phone #	<u></u>	
			OFFICE USE ONLY	
ORI	PORATION NAME(S)	& DOCUMENT N	UMBER(S) (if known):	
<u>م</u> ر ۲		_		
5	CORAL RE		(Document #)	
·	(Corporation Nam	a)	(Document #)	
			#	<u></u>
	(Corporation Nam	e)	(Document #)	
	(Corporation Name		(Document #)	
	_	up time		
-	Walk in X Pick Mail out Will	up time wait	Certified Cocopy	
-	Walk in Si Pick Mail out Will NEW FILINGS	up time wait	Certified Cocopy	
-	Walk in X Pick Mail out Will	up time wait	Certified Cocopy	
	Walk in Si Pick Mail out Will NEW FILINGS	up time wait	Certified Cocopy Certificate DMENTS Int DMENTS DMENTS	
	Walk in Si Pick Mail out Will NEW FILINGS Profit NonProfit	up time wait Photo AMENI Amendmen Resignatio Change of	Certified Cocopy Certificate DMENTS DMENTS nt on of R.A., Officer/Director Registered Agent	
	Walk in Pick Mail out Will NEW FILINGS Profit NonProfit Limited Liability	wait Photo AMENI Amendmen Resignatio Change of Dissolution	Certified Cocopy Certificate DMENTS Int DMENTS DMENTS	
-	Walk in Pick Mail out Will NEW FILINGS Profit NonProfit Limited Liability Domestication	up time wait Photo AMENI Amendmen Resignatio Change of	Certified Cocopy Certificate DMENTS DMENTS nt on of R.A., Officer/Director Registered Agent	
	Walk in Pick Mail out Will NEW FILINGS Profit NonProfit Limited Liability Domestication	up time wait Photo Amendment Resignatio Change of Dissolution Merger	Certified C DCOPY Certificate Certificate Certificate Certificate Certificate Certificate Certificate	
	Walk in Pick Mail out Will NEW FILINGS Profit NonProfit Limited Liability Domestication Other	up time wait Photo AMENI Amendmen Resignation Change of Dissolution Merger REGISTR QUALIFIC	Certified C DCOPY Certificate Certificate Certificate Certificate Certificate Certificate Certificate	
-	Walk in Pick Mail out Will NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILNGS	up time wait Photo Amendmen Resignation Change of Dissolution Merger REGISTR QUALIFIC. Foreign	Certified C DCOPY Certificate Certificate Certificate DMENTS Int On of R.A., Officer/Director Registered Agent n/Withdrawal	
	Walk in       Image: Constraint of the second	up time wait Photo AMENI Amendmen Resignatio Change of Dissolution Merger REGISTR QUALIFIC Foreign Limited Part	Certified C DCOPY Certificate Certificate Certificate DMENTS Int OMENTS Int Int OMENTS Int Int OMENTS Int Int Int Int Int Int Int Int Int Int	
	Walk in       Image: Constraint of the second	up time wait Photo Amendmen Resignation Change of Dissolution Merger REGISTR QUALIFIC. Foreign	Certified C DCOPY Certificate Certificate Certificate DMENTS Int OMENTS Int Int OMENTS Int Int OMENTS Int Int Int Int Int Int Int Int Int Int	

-٩

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2004

EXPRESS

SUBJECT: CORAL REEF INC. Ref. Number: W04000040387

We have received your document for CORAL REEF INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The name of the entity must be identical throughout the document.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is</u> <u>needed</u>, otherwise the date of receipt will be the file date. <u>A separate article</u> <u>must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 904A00063153

RECEIV

m

NOV - 5

AM 10: 40

# **ARTICLES OF INCORPORATION**

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

NOV -5 PH 12:

29

ILED

HASSEE, FL

The name of the corporation shall be:

#### CORAL REEF PLUMBING INC.

## ARTICLE II PRINCIPAL OFFICE

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

#### 5985 NW 110 STREET HIALEAH, FL. 33012

#### ARTICLE III SHARES

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

300 shares \$1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Osvaldo Javier Leon 5985 N.W 110 Street Hialeh, Fl. 33012

# ARTICLE V INCORPORATORS(S)

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

> Osvaldo Javier Leon 5985 NW 110 Street Hialeah, Fl. 33012

۲

#### ARTICLE VI DIRECTOR(S)

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

5985 NW 110 Street Hialeah, Fl. 33012

• .

Osvaldo Javier Leon D/P-150 shares Leticia B. Leon D/T/S-150 shares 5985 NW 110 Street Hialeah, Fl. 33012

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

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, 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:

Coral Reef Plumbing Inc.

PH 12: Ш

2. The name and address of the registered agent and office is:

Osvaldo Javier Leon 5985 NW 110 Street Hialeah, Fl. 33012

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION A THE PLACE DESIGNATED IN HIS 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 FAMILLAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURI DATE