

P05000112589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 AUG 12 AM 9 45
FALLS CHURCH, VA

8815

TRANSMITTAL LETTER

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

SUBJECT: THE PUMP DOCTOR 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BRIAN LEE COLEMAN

Name (Printed or typed)

28120 SW 159 TH AVE

Address

HOMESTEAD, FLORIDA 33033

City, State & Zip

305-245-2240

Daytime Telephone number

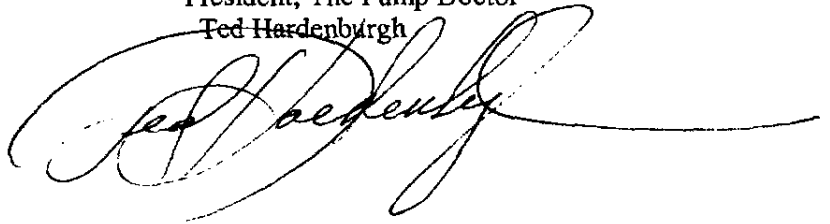
NOTE: Please provide the original and one copy of the articles.

July 21, 2005

Dear Sir

I Ted hardenburgh have filed for Articles of Dissolution in *Aug. 12, 2005*
The name is The Pump Doctor inc, the number P04000147564. I am not going
to revoke my articles of dissolution in the future. Thank you

President, The Pump Doctor
Ted Hardenburgh

A large, stylized handwritten signature in black ink, appearing to read "Ted Hardenburgh", written over the typed name.

FILED

05 AUG 12 AM 9:45

RECEIVED
TALLAHASSEE, FLORIDA

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:

THE PUMP DOCTOR INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

28120 SW 159 TH AVE
HOMESTEAD FLA 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PLUMBING AND WELL DRILLING COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRAIN LEE COLEMAN , PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRAIN LEE COLEMAN
28120 SW 159 TH AVE
HOMESTEAD FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

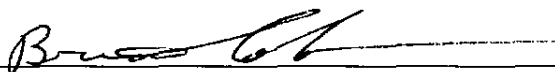
BRAIN LEE COLEMAN
28120 SW 159 TH AVE
HOMESTEAD FLA 33033

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

7/28/05
Date



Signature/Incorporator

7/28/05
Date

FILED
05 AUG 12 PM 9:45
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT