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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SWAINE, HARRIS & SHEEHAN, P.A.

Account Number : Il9980000021 Phone : (863)465-2811 Fax Number : (863)465-6999

# FLORIDA PROFIT CORPORATION OR P.A.

# NATURAL-PRO PIPING, INC.

Certificate of Status	0
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# ARTICLES OF INCORPORATION

# OF

# NATURAL-PRO PIPING, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act hereby adopts the following articles of incorporation.

# ARTICLE ONE

The name of the corporation is NATURAL-PRO PIPING, INC. ARTICLE TWO

The term of existence of the corporation is perpetual and  $\frac{1}{1000}$ shall commence as of January 1, 2006.

### ARTICLE THREE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

### ARTICLE FOUR

The aggregate number of shares which the corporation has authority to issue is FIVE HUNDRED (500), all of which shall be common shares with a par value of \$1.00 per share.

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### ARTICLE FIVE

The street address of the initial registered office of the corporation is 118 N. Service Street, Lake Placid, Florida 33852, and the initial registered agent at such address is WILLIAM D. JOHNSON. The mailing address for the corporation is 118 N. Service Street, Lake Placid, Florida 33852.

The street address of the principal office of the corporation is 118 M. Service Street, Lake Placid, Florida 33852.

### ARTICLE SIX

The board of directors of the corporation shall consist of not more than five (5) members. The name and address of the initial board of directors is:

NAME:

ADDRESS:

WILLIAM D. JOHNSON

109 Cleveland Avenue, N.E. Lake Placid, Florida 33852

# ARTICLE SEVERY

The name and address of the sole incorporator is:

NAME:

ADDRESS:

WILLIAM D. JOHNSON

-109 Cleveland Avenue, N.E. Lake Placid, Florida 33852

IN WITNESS WHEREOF, I have subscribed my name this 3

WILLIAM D. JOHNSON

Incorporator

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STATE OF FLORIDA COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of December, 2005, by WILLIAM D. JOHNSON, who is[ ] personally known to me, or who has [ ] produced his \_\_\_\_\_\_ as identification and who did not take an oath.



TIMOTHY SHEEHAN

otary Public, State of Florida

(Affix Seal)

# ACCEPTANCE

I agree as registered agent to accept service of process, to keep the registered office open during prescribed hours, and to post my name in some conspicuous place in the office as required by law.

Dated: 12-13-05

WILLIAM D. JOHNSON Registered Agent

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