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# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)599-0839

# FLORIDA PROFIT/NON PROFIT CORPORATION

## PINACLE PLUMBING CORP.

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## ARTICLE OF INCORPORATION

<u>of</u>

PINACLE PLUMBING CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: PINACLE PLUMBING CORP.

The principal place of business of this corporation shall :

265 NW. 63 AVE. MLAMI.FLORIDA 33126

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$ 

### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

OMAR RAUL GARCIA 265 NW.63 AVE. HLAMI, FL.33126 DIRECTOR

## ARTICLE VI INCORPORATOR(S)

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

OMAR RAUL GARCIA 265 NV. 63 AVE. MIAMI, FL. 33126

PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has (have) executed these Article of Incorporation this 7 th. day of March ,2006.

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

The na	me and address of the registered agent and offic OMAR RAUL GARCIA	TALI	Q
	(Name)	— <u>A</u>	TA A
	265 NW. 63 AVE.	AHASSE	A- MAIA Q
	(P. O. BOX NOT ACCEPTABLE)	<del></del> (1)/	<b>-</b>
	MIAMI, FLORIDA 33126	FLORIDA	Briller
	(CITY/STATE/ZIP)		

3-7-06

AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY

SIGNATURE

POSITION AS MY POSITION AS REGISTERED AGENT.

DATE