

PD8000026293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

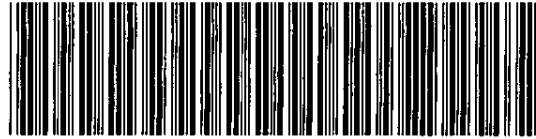
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200119009642

03/03/08--01041--015 \*\*87.50

FILED

2008 MAR 12 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-12-08  
W08-11338  
A.H

COVER LETTER

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

FILED  
2008 MAR 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: PLUMBING PARAMEDICS, 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: Paul Gonzalez  
Name (Printed or typed)

11760 N.W 33 Street  
Address

SUNRISE, FL 33323  
City, State & Zip

954-288-7467  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2008

PAUL GONZALEZ  
11760 NW 33 STREET  
SUNRISE, FL 33323

SUBJECT: PLUMBING PARAMEDICS  
Ref. Number: W08000011338

FILED  
2008 MAR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PLUMBING PARAMEDICS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6993.

Annie Hall  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00013445

**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:

Plumbing Paramedics INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11760 NW 33 street  
Sunrise, FL 33323

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Plumbing CONTRACTOR

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

Paul Gonzalez - President  
11760 N.W 33 street  
Sunrise, FL 33323

FILED  
2008 MAR 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Paul Gonzalez 11760 N.W 33 Street  
Sunrise, FL 33323

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Paul Gonzalez 11760 N.W 33 Street  
Sunrise, FL 33323

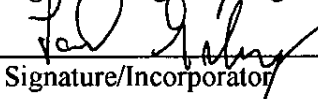
\*\*\*\*\*

*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

3-7-08

\_\_\_\_\_  
Date

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

3-7-08

\_\_\_\_\_  
Date

FILED  
2008 MAR 12 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA