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CAPITAL CONNECTION

NO. 272

P. 1

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Plumb Perfect Plumbing, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Plumb Perfect Plumbing, Inc.**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:3275 Laurel Avenue
Clearwater, FL 33762**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Plumbing repair**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Scott C. Stephenson, President/Director
3275 Laurel Avenue
Clearwater, FL 33762**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Scott C. Stephenson
3275 Laurel Avenue
Clearwater, FL 33762**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Scott C. Stephenson
3275 Laurel Avenue
Clearwater, FL 33762

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

Scott Stephenson
Signature/Registered Agent

12-7-09
Date

Scott Stephenson
Signature/Incorporator

12-7-09
Date

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