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COVER LETTER

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: Raybar plumbing co. (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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
•	ADDITIONAL COPY REQUIRED		
Paymand Dulles			

Pembroke Pines Fl. 33023
City, State & Zip

Daytime Telephone number

Tdulbs@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

FILED

4-22-11 Date 1

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 11 APR 26 PM 1:27 ARTICLE I NAME Raybar plumbing co. The name of the corporation shall be: RETARY OF STATE PRINCIPAL OFFICE Mailing address, if different is: FLORIDA ARTICLE II Principal street address 640 s.w. 67 terr. Pembroke Pines FI 33023 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Plumbing repair, remodeling, alterations, and new construction ARTICLE IV SHARES The number of shares of stock is 500 INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Name and Title: Raymond Dulbs president Name and Title: Address: 640 s.w. 67 terr. Address: Pembroke Pines El. 33023 Name and Title: Barbara Dulbs vice pres Name and Title: 640 s.w. 67 terr. Address: Address: Pembroke Pines Fl. 33023 _ Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Raymond Dulbs Address: 640 s w 67 terr Pembroke Pines Fl. 33023 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Raymond Dulbs 640 s.w. 67 terr. Pembroke Pines Fl. 33023 Address: 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 appropriate as registered agent and agree to act in this capacity 4-22-11 Date Required Signature/Registered Agent I submit this <u>docume</u>nt and affirm that the facts stated to ein fre true. I am aware that the false information submitted in a document to the Department of State Jonstitutes a third regresselony as provided for in s.817.155, F.S.

Required Signature/Incorporator