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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number)				
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Certified Copies	Cortificator	of Status			
Certified Copies	Certificates	o or Status			
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Special Instructions to	Filing Officer:				

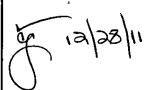
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COVER LETTER

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

SUBJECT: Mr. C's Backflow Service Company (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 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy Certified Copy Status ADDITIONAL COPY REQUIRE	te of	
FROM: Matthew Cocking Name (Printed or typed) 410 Vicksburg Terrace Address	2011 DEC 27	STATE OF THE STATE
Plantation Fl. 33325 City, State & Zip	7 PH I2: 44	
954 630 9717 Daytime Telephone number	- -	
CockingMatthew@gmail.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME Mr. C's Backflow Servi	ice Company	JIVISION OF CURE DEAL
The name of the	corporation shall be:	oo company	
ARTICLE II	PRINCIPAL OFFICE		2011 DEC 27 PM 12: 41
	Principal street address		Mailing address, if different is:
	2411 SW 58 Way		
	Hollywood Florida		
	33023		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	e for which the corporation is organize	ed is the trans	action of any and all lawful
business.			
ARTICLE IV	CUADFC		
The number of s	hares of stock is:The aggregate number of shar	res the corporat	ion shall have the authority to issue is
	1000.		·-····································
	INITIAL OFFICERS AND/OR DIRECTO		
Name and	Title: President	Name and Titl	le:
Address:	Matthew Cocking	Address;	
	410 Vicksburg Terrace	<u> </u>	
	Plantation FL 33325		
Nome and	Title: Vice President	Managamal Th	la.
Address:	Title: Vice President		le:
Address.	Matthew Cocking	Address:	
	410 Vicksburg Terrace Plantation Fl. 33325		
	Flantation 11, 55525		
Name and	Title:	Name and Titl	le:
Address:		Address:	
ADDICE IN 177			
	REGISTERED AGENT	aftha naciatanad na	and in
Name:	Iorida street address (P.O. Box NOT acceptable) of Matthew Cocking		ent is:
Address:			
Addiess.	410 Vicksburg Terr Plantation Fl. 33325		
	Fiantanon Fi. 55525	_	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Matthew Cocking		
Address:	410 Vicksburg Terr		
	Plantation Fl. 33325		
Having been na	med as registered agent to accept service of proce	ss for the above s	tated corporation at the place designated in
nis cerujicate, i	am familiar with and accept the appointment as re	rgistered agent and	agree to act in this capacity
Un-			
Wir C			<u>December 20, 2011</u>
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein ar		
iocument to the	Department of State constitutes a third degree felor	ny as provided for	in \$.817.155, F.S. ,
			_
00.			December 20, 2011
	Required Signature/Incorporator		Date