## 712000034675

(Requestor's Name)
(Address)
(Audiess)
(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



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2012 APR -9 AM II: 19
SCORE IARY OF STATE.
TALLAHASSEE, FINGER

TELMALE VEK 10 5015

Division of Corporations Tallahassee Florida

april 6, 2012

To Whom It May Concern:

Henge Degler

I am requesting that my corporation name of A Proud Plumber.
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

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OIZAPR-9 ANTI: E

## **COVER LETTER**

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

SUBJECT: A PROUD Plumb	en Jac ATE NAME - <u>MUST INCLUDE SUFFIX</u> )	
(PROPOSED CORPORA  Enclosed are an original and one (1) copy of the artification of the second secon		
FROM: Nettie DAV	& Certificate of Status  ADDITIONAL COPY REQUIRED  APR  (5)  (Printed or typed)	
City.	Address  Nettie Davis, Inc. 846 SW Main Blvd. Lake City, FL 32025  State & Zip  - 752 - 4576  Telephone number	
	Selephone number  Selephone number  Selephone number  Com  d for future annual report notification)	

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

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

The name of the corporation shall be: A Proud Plum	ber INC		
ARTICLE II PRINCIPAL OFFICE			
Principal street address 21831 474 DA LAKE CITY FL 32024	Mailing addr	Mailing address, if different is:	
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:  Any & All Lawful Business			
ARTICLE IV SHARES The number of shares of stock is: 100			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	DRS		
Name and Title: George Deglen - Phes Address: 21831 474 Dr. LHKE CITY FL 320.	Name and Title:Address:		
Name and Title: Address:			
Name and Title:Address:		P 2	
ARTICLE VI REGISTERED AGENT		912 FEC	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	APR AHA	
Name: George Deglen- Address: 21831 475 Dr. LA KE City FL 320  ARTICLE VII INCORPORATOR		-9 AM	
The name and address of the Incorporator is:			
Name: Nettie Davis, Inc.	<del></del>	<b>17</b>	
Address: 846 SW Main Blvd. Lake City, FL 32025			
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as re			
on the		4/6/2	
Required Signature/Registered Agent		Date	
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree feld	re true. I am aware that the fal		
Matter Daniel		11/2/12	
Required Signature/Incorporator			