

P12000044006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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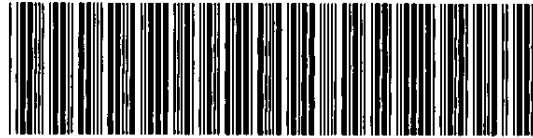
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 MAY 10 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 MAY 10 PM 4:46
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TALLAHASSEE, FLORIDA

5/10

COVER LETTER

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

SUBJECT: _____
(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: Ronald K. Sneed
Name (Printed or typed)
1005 Calloway St.
Address
Tallahassee, FL 32304
City, State & Zip
850-561-3702
Daytime Telephone number
ronsneed@comcast.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be: Guaranteed Plumbing of Tallahassee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1005 Calloway St.
Tallahassee, FL 32304

Mailing address, if different is:

Box 2417
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Ronald K. Sneed Name and Title:

Address: 1005 Calloway St.
Tallahassee, FL 32304 Address:

Name and Title: Vice Pres Ronald K. Sneed Name and Title:

Address: 1005 Calloway St.
Tallahassee, FL 32304 Address:

Name and Title: Secy Ronald K. Sneed Name and Title:

Address: 1005 Calloway St.
Tallahassee, FL 32304 Address:

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Ronald K. Sneed
Address: 1005 Calloway St.
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald K. Sneed
Address: 1005 Calloway St.
Tallahassee, FL 32304

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

Ronald K. Sneed

Required Signature/Registered Agent

05/10/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ronald K. Sneed

Required Signature/Incorporator

05/10/12
Date