

P1200007769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

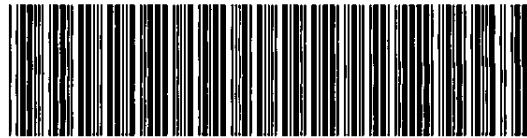
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/10/12--01040--004 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 AM 11:02

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9-7-12

COVER LETTER

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

SUBJECT: M & M Plumbing Systems, Inc
(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: Timothy McLaughlin
Name (Printed or typed)

125 NE Penlynn Ave
Address

Port St. Lucie FL 34983
City, State & Zip

772-985-1853
Daytime Telephone number

plumbtm125@hotmail.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

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

ARTICLE I NAME

The name of the corporation shall be:

M + M Plumbing Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

945 Guy Road
Orlando FL 32828

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Plumbing
Services + Construction.

ARTICLE IV SHARES

The number of shares of stock is:

1000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy McLaughlin Name and Title: _____
Address: PRES Address: _____

125 NE Penlynn Ave
Pt. St. Lucie FL 34983

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: Timothy McLaughlin
Address: 125 NE Penlynn Ave
Pt. St. Lucie FL 34983

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Timothy McLaughlin
Address: 125 NE Penlynn Ave
Pt. St. Lucie FL 34983

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

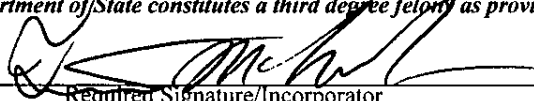


Required Signature/Registered Agent

9-7-12

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.



Required Signature/Incorporator

9-7-12

Date

Timothy McLaughlin

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SECRETARY OF STATE
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