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(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	a #1	
(Cit	y/State/Zip/Pflorid	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
(= 0			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

EFFECTIVE DATE 10/1/13

MR)3/13

COVER LETTER

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

SUBJECT: _	ECT: PEEPLES MAINTENANCE REPAIRS & PRESSURE WAS (PROPOSED CORPORATE NAME - MUST INCLUDE SUF			
Enclosed are	an origi	nal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$7/ Filing		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:	RONALD L. PEEPLES
	Name (Printed or typed)
	40437 TROTTER LANE
	Address
	DADE CITY, FL. 33525
	City, State & Zip
	813-774-2386
	Daytime Telephone number
	peeplesmaintenance@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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRI	NCIPAL OFFICE		
AKIICIAS II I III	Principal street address	Mailing address, if different is:	
40437 TROTTER LANE		P.O. BOX 3035	
DADE CITY,F	FL. 33525	ZEPHYRHILLS,FL. 33539)
• •	he corporation is organized is:	MPLY WITH THE WORKERS CONSTRUCTION INDUSTRY FOR T	ГНЕ
STATE OF FL	LORIDA.		
		- FR S	<u> </u>
		-2 ASS	E
ARTICLE IV SHA	RES 500	EE F	0
The number of shares of	300th 10.	LORD IN IN	
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS	S EFFECTIVE DATE /	0/1/12
Name and Title		Name and Title:	
Address	40437 TROTTER LANE	Address:	
	DADE CITY,FL. 33525		
	JEFFREY D. COATES - VICE PRESIDENT		
Name and Title	*	Name and Title:	
	40853 LYNBROOK DRIVE		
Address	ZEPHYRHILLS,FL. 33540	Address:	
Address		Address:	
	ZEPHYRHILLS,FL. 33540	Address: Name and Title:	
	ZEPHYRHILLS,FL. 33540	Name and Title:	

Name and Title:		_ Name and Title:		FILED	
Address		Address:	13	OCT -2 PM 12: 49 RETARY OF STATE AHASSEE, FLORIDA	
ARTICLE VI The name and Flo Name:	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) o	of the registered age	ent is:		
Address:	40437 TROTTER LANE DADE CITY,FL. 33525	-			
ARTICLE VII	INCORPORATOR	ARTS	CLE VIII	EFFECTIVE DAT	
The name and ad Name: Address:	RONALD L. PEEPLES 40437 TROTTER LANE DADE CITY,FL. 33525	- - -	10105	2013	
	ned as registered agent to accept service of processing familiar with and accept the appointment as regional acceptance. Required Signature/Registered Agent	gistered agent and			
	ument and affirm that the facts stated herein are Department of State constitutes a third degree feloue for the facts at the facts at the facts at the facts are factors. The facts are factors are factors are factors are factors are factors are factors are factors.	true. I am aware			