

P13000085258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

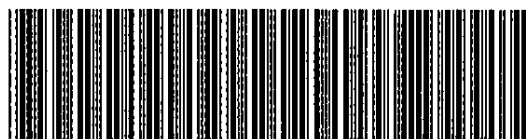
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/13--01014--003 **70.00

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13 OCT 16 AM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Porce Plumbing 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: Nick Wilmot - Debbie's Accounting
Name (Printed or typed)

3575 Southside Blvd
Address

Jacksonville, FL 32216
City, State & Zip

904-733-4547
Daytime Telephone number

tomcrego@dol.com
E-mail address: (to be used for future annual report notification)

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

Thomas Ponce
Ponce Plumbing Inc
4642 College Street
Jacksonville, FL 32202

904-388-7502
or

904-207-5309

October 9, 2013

RE: Florida Profit Corporation

To whom it may concern:

This letter is to formally state that I Thomas Ponce no longer want to do business in the state of Florida under the document number P10000045929. I am submitting a new Articles of Incorporation to get a new document number assigned. I would like to keep my current name, address and registered agent but simply would like to get a new document number.

If you have any further questions please don't hesitate to contact me.

Thank you,

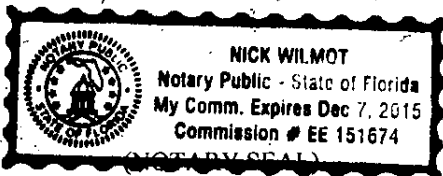
Thomas Ponce
President



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19 OCT 16 AM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF FLORIDA COUNTY OF Duval Sworn to (or affirmed) and subscribed before me this 9 day of October, 2013, by

Thomas Ponce (name of person making statement)



Signature of Notary Public-State of Florida

Nick Wilmot

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification X Type of Identification Produced Florida Drivers License

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:

Ponce Plumbing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4642 College Street
Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Thomas Ponce PVST

Name and Title:

Address

4642 College Street
Jacksonville, FL 32205

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(conti.)

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: Thomas Ponce
Address: 4642 College Street
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Ponce
Address: 4642 College Street
Jacksonville, FL 32202

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

> Thomas Ponce
Required Signature/Registered Agent

10/9/13
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.

> Thomas Ponce
Required Signature/Incorporator

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