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COVER LETTER:

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

_{suвjecт:} <u>Cha</u>	rlie's Plumbing, (PROPOSED CORPOR	Inc. ate name – <u>must incl</u> i	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

OM:	Charles W. Jorgensen
.OM.	Name (Printed or typed)
	321 W. Jefferson St.
	Address
	Brooksville, FL 34601
	City, State & Zip
	352/754-8400
	Daytime Telephone number
	pbrayton@tampabay.rr.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 NAM The name of the corporat	tion shall be: CHARLIE'S PLUM	IBING, INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address 321 W. Jefferson St.		Mailing address, if different is:		
Brooksville, F	L 34601			
ARTICLE III PUR The purpose for which t all lawful busin	POSE the corporation is organized is: ness for which Corporation	ng services and sa ns may be incorpo	ales and any and rated under the	
Florida Gener	al Corporation Act.	,		
Name and Title	TIAL OFFICERS AND/OR DIRECTOR Charles W. Jorgensen, Pres 321 W. Jefferson St. Brooksville, FL. 34601	Name and Title: Address:		
Name and Title Address				
Name and Title Address				

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and FI	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Pat Brayton		<u>-</u>
Address:	205 Alpine Circle		ALC S
	Brooksville, FI 34601	-	HE CO
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Charles W. Jorgensen	_	
Address:	321 W. Jefferson St.	_	
	Brooksville, FL 34601	_	·
Having been nan this certificate, I d	ned as registered agent to accept service of proces. am familiar with and accept the appointment as re	s for the above stated corpora gistered agent and agree to ac	tion at the place designated in t in this capacity
<	-classes		12 (4 (13
	Required Signature/Registered Agent		12 (4 (\ 3 Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Ofpartment of State constitutes a third degree felor	true. I am aware that the fan ny as provided for in s.817.155	lse information submitted in a 5, F.S.
77000	<u> </u>		12-4-13
- U " W	Required Signature/Incorporator		Date
/			