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(Re	equestor's Name)	· -
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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-LIP	☐ WAIT	MAIL
LI Moreon	L. 447/11	III WALLE
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
0	Filtra Officer	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT: King Plumbing In	<i>C</i> .	
(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROM: Aaron King	(Printed or typed)	
1623 Send Way	ddress	-
Lutz, FL 33540 City, S	? State & Zip	-
813-323-4577 Daytime Te	lephone number	
apking 23@gmail.(otification)

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)

RTICLE II PRINCIPAL OFFICE		Mailing address, if different is:
Principal street add	iress	Maning address, it different is.
623 Seind Way utz, FL 33549	<u> </u>	
utz, FC 33549		
RTICLE III PURPOSE ne purpose for which the corporation is or	reanized is: Any and	all lawful
business		
· · · · · · · · · · · · · · · · · · ·		
		= 30
		PR CO
		27
		25 P
RTICLE IV SHARES the number of shares of stock is: 500	7	
RTICLE IV SHARES ne number of shares of stock is: 500	7	25 PM 1: 20
ne number of shares of stock is: 500	AND/OR DIRECTORS	
ne number of shares of stock is: 500	AND/OR DIRECTORS	
RTICLE V INITIAL OFFICERS Name and Title:	AND/OR DIRECTORS Name and T	PH 1: 20
RTICLE V INITIAL OFFICERS	AND/OR DIRECTORS	PM 1: 20
RTICLE V INITIAL OFFICERS Name and Title:	AND/OR DIRECTORS Name and T	PH 1: 20
RTICLE V INITIAL OFFICERS Name and Title:	AND/OR DIRECTORS Name and T	PH 1: 20
RTICLE V INITIAL OFFICERS Name and Title: Accord	AND/OR DIRECTORS //S/T Name and T Address:	itle:
RTICLE V INITIAL OFFICERS Name and Title: Accord	AND/OR DIRECTORS //S/T Name and T Address:	PH 1: 20
RTICLE V INITIAL OFFICERS Name and Title: Address Name and Title:	AND/OR DIRECTORS P/S/T Name and T Address: Name and T	itle:
RTICLE V INITIAL OFFICERS Name and Title: Address Address	AND/OR DIRECTORS Name and T Address: Name and T Address:	itle:
RTICLE V INITIAL OFFICERS Name and Title: Address Address	AND/OR DIRECTORS P/S/T Name and T Address: Name and T	itle:
RTICLE V INITIAL OFFICERS Name and Title: Address Address	AND/OR DIRECTORS Name and T Address: Name and T Address:	itle:
RTICLE V INITIAL OFFICERS Name and Title: Address Name and Title: Address	AND/OR DIRECTORS Address: Name and T Name and T Address:	itle:
Name and Title: Address Name and Title:	AND/OR DIRECTORS Address: Name and T Address: Address: Name and T Name and T	itle:
Name and Title: Address Name and Title:	AND/OR DIRECTORS Address: Name and T Name and T Address:	itle:

Name and Title:	Name and Title:
Address	Address:
IRTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: Aaron King	
Name: AGRON King Address: 1623 Send W Lutz, FL 335	ay
Lutz, FL 335	<u>49</u>
RTICLE VII INCORPORATOR	
he name and address of the Incorporator is:	
Name: - Aaron K.ha	<u></u>
Name: - Aaron K.ha Address: 1623 Send Lutz, FL 33	Way
Lutz, FL 33	<u>549</u>
	service of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
Cleur King Required Signature/Reg	4/22/14 Extend A cont
Required Signature/Reg	istered Agent Date
submit this document and affirm that the facts locument to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Claron Zingenered Signature/In	4/22/14
Required Signature/In	corporator Date