P14000090131

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
<u> </u>		



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SECRETARY OF STATE
AND ASSET FROM IN

Office Use Only

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11/14/14/352

COVER LETTER

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

_{surject} . Inlin	ne Plumbing Inc.		
SOBOLET	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>JDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED
_{FROM:} <u></u> J а	ames A. Brown	e (Printed or typed)	
63	3 Tingler Ln.		
M	arathon, FL 330		
(2	48) 821-5599	State & Zip	
jlb	inline@att.net	elephone number d for future annual report i	notification)
	(,

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



October 22, 2014

JAMES A. BROWN 63 TINGLER LN. MARATHON, FL 33050

SUBJECT: INLINE PLUMBING INC. Ref. Number: W14000064352

We have received your document for INLINE PLUMBING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 514A00022689

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

<i>ARTICLE II</i> PR 63 Tingler Ln	INCIPAL OFFICE Principal street address	Mailing address, if different is: 279 S. Hospital Rd.		
Marathon; FL 33050		Waterford, MI 48327		
ARTICLE III PU The purpose for which	RPOSE the corporation is organized is:	ntial & Commerc	F F: -	
			TO NO	
			37 b	
			m	
			500	
			24 C	
ARTICLE IV SI	LARES 60,000		13	
The number of shares	TTIAL OFFICERS AND/OR DIRECTOR	S PRESIDENT Name and Title:	B	
The number of shares	of stock is: OU, OUO	PRESIDEN +	3	
ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR	Name and Title:	3	
ARTICLE V IN	TTAL OFFICERS AND/OR DIRECTOR tle: James A. Brown, Owner 63 Tingler Ln. Marathon, FL 33050	Name and Title:	3	
ARTICLE V IN Name and Ti Address	TTAL OFFICERS AND/OR DIRECTOR tle: James A. Brown, Owner 63 Tingler Ln. Marathon, FL 33050	Name and Title: Address: Name and Title:	3	
ARTICLE V IX Name and Ti Address Name and Tit	TTAL OFFICERS AND/OR DIRECTOR tle: James A. Brown, Owner 63 Tingler Ln. Marathon, FL 33050	Name and Title: Address: Name and Title:	3	
ARTICLE V IN Name and Ti Address Name and Tit Address	TTAL OFFICERS AND/OR DIRECTOR tle: James A. Brown, Owner 63 Tingler Ln. Marathon, FL 33050	Name and Title: Address: Name and Title: Address:	3	

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:	TA NOV
Name:	James A. Brown	_	W-3
Address:	63 Tingler Ln.	_	277
	Marathon, FL 33050	<u>-</u>	PH 4: 07 FE, FLORIDA
ARTICLE VII	INCORPORATOR		07 ATE IRIDA
The pame and s	address of the incorporator is:		
Name:	James A. Brown	_	
Address:	63 Tinlger Ln.	_	
	Marathon, FL 33050	-	
	nmed as registered agent to accept service of proces I am familiar with and accept the appointment as re		
Jam	ABm		10-30-2014
JAMES A	. LOW Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the falsony as provided for in £817.155,	r information submitted in a F.S.
Jan	- ABron		10-30-2014
JAMES	A. BROWN Required Signature/Incorporator		Date