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| (Re                       | questor's Name)   |             |
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| (Add                      | dress)            | <del></del> |
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| <u></u>                   | WAIT              | MAIL        |
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| Certified Copies          | Certificates      | s of Status |
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## **COVER LETTER**

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

| SUBJECT:              | (PROPOSED CORPORATE                        |  | •  | ssee In |
|-----------------------|--|--|--|---------|
| Enclosed are an origi | nal and one (1) copy of the artic          | cles of incorporation and                          | a check for:   |         |
| \$70.00<br>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 |         |

FROM: TOSEPH GEPHART

Name (Printed or typed)

1575 PAUL RUSSELL RI) # 4402

Address

TALLA HASSEE, FL 32301

City, State & Zip

850-570-1366

Daytime Telephone number

PAT & TOTAL BATHROOM SOLUTIONS. 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)

| e name of the corpor                                       | ation share oc.  |   |                       |  | I   |
|--|--|---|-----------------------|--|---|
|  | INCIPAL OFFICE Principal street address HAMNOCK NORTH  | Mail  | ing address, if diffe | erent is:  |   |
| TALLAKOK   | e, fr 32309  |   |                       |  | -   |
| RTICLE III PU  | RPOSE the corporation is organized is: REA   | ESTATE  | PNVest                | MONT   | -   |
|  |  | ·   |                       |  | ~   |
|  |  |   |                       | 14 NOW 17 | <u> </u>                                    |
|  |  |   |                       | 2 u 2 u 2 u 2 u 2 u 2 u 2 u 2 u 2 u 2 u  | 12 / P. |
|  | ·  |   |                       | <u> </u>   | 至   |
|  |  |   |                       | * (*)  |   |
| RTICLE IV SH   |  |   |                       | G Z  | , r*1                                       |
| e number of shares o                                       | f stock is:  | PRS   |                       | <b>*</b> 77  | erri<br>i                                   |
| e number of shares o                                       | f stock is:  | PRS   |                       | 77   | -   |
| e number of shares o                                       | ISTOCK IS:  ITTIAL OFFICERS AND/OR DIRECTO  IE: JOE GEPHANT CELL  1575 PAUL RUSSELL RA                                   | Name and Title: Address:                          |                       | 77   | eri<br>i                                    |
| e number of shares o                                       | ITIAL OFFICERS AND/OR DIRECTOR  10: JOE GEPHANT CE  1575 PAUL RUSSON RL#  # 4402  TANAHASSES, FL 3230  10: PAMCK DORSCH/ | Name and Title: Address:                          |                       |  |   |
| RTICLE V IN  Name and Til  Address                         | ITIAL OFFICERS AND/OR DIRECTO  10: JOE GEPHANT CEC  1575 PAUL RUSSELL PL  # 4402  TALLAHASSEL, FL 3230                   | Name and Title: Name and Title: Address:          |                       |  |   |
| RTICLE V IN  Name and Tit  Address  Name and Title         | ITIAL OFFICERS AND/OR DIRECTOR  10: JOE GEPHANT CE  1575 PAUL RUSSON RL#  # 4402  TANAHASSES, FL 3230  10: PAMCK DORSCH/ | Name and Title:                                   |                       |  |   |
| RTICLE V IN  Name and Tit  Address  Name and Titl  Address | ITIAL OFFICERS AND/OR DIRECTOR  10: JOE GEPHANT CE  1575 PAUL RUSSON RL#  # 4402  TANAHASSES, FL 3230  10: PAMCK DORSCH/ | Name and Title: Address: Name and Title: Address: |                       |  | -   |

| Name and Title:  | Name and Title:   |
|--|---|
| Address  | Address:  |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:  Address:  30/9 SH | NOT acceptable) of the registered agent is:  SCH  FMNOCK NOTH  GREY FL 32309  |
| ARTICLE VII INCORPORATOR   |   |
| The name and address of the Incorporator is:  Name:  Name:    No E                                 | PARTIE PD<br>FL 32701   |
|  | ot service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity |
| I submit this document and affirm than the fact  | ts stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.            |