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Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DORAL NOTARY CORPORATE FILING, INC

Account Number : I20120000057

Fax Number

Phone : (305)436-0979 : (305)470-9600

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### FLORIDA PROFIT/NON PROFIT CORPORATION SUPER PLUMBER MIAMI BEACH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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#1875 P. 003/004

#### 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:

## SUPER PLUMBER MIAMI BEACH, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4045 SHERIDAN AVENUE, #106 MIAMI BEACH, FLORIDA 33140

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE CONSULTING AND DESIGN SERVICES AND ANY OTHER LAWFUL
BUSINESS SERVICES IN THE STATE OF FLORIDA

#### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES AT \$1.00 PAR

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANGEL LOUIS REYES DIRECTOR 4045 S.W. 103 ROAD AVENUE MIAMI, FL 33165 2015 NER 13 PH 12: 32

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DOUGLAS R. LUPISELL, CPA, PA

#1875 P.004/004

# H15000063818

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DOUGLAS R. LUPISELL 6901 S.W. 6 STREET PEMBROKE PINES, FL 33023

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DOUGLAS R. LUPISELL 6901 S.W. 6 STREET

PEMBROKE PINES, FL 33023

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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