

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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NPTICE - SING

Office Use Only

COVER LETTER

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

any Boone Plumbing FOL (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

1 \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

3 \$78.75 **\$87.50** Filing Fee Filing Fee, & Certified Copy

Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED**

Name (Printed or typed) FROM: ____

+ WAIN WRIGT Address

FIORIDA City, State & Zip TAILY

850-570 1203

Daytime Telephone number

None

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCO In compliance with Chapter 607 and/c	
ARTICLE I NAME The name of the corporation shall be ARRY BOONC	PIUMBING INC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
4234 WAIN WRIGHT RD	
Tallahassee FI 32310	
<u>ARTICLE III</u> PURPOSE The purpose for which the corporation is organized is: <u>Plumb</u>	ng Dewice
,	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
in rite at al.	Name and Title:
Address 7 <u>210 Doctor of the second second second</u>	
Tallahassee fl 323	
Name and Title:	
Address	Address:
· · · · · · · · · · · · · · · · · · ·	
Name and Title:	
Address	Address:

Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Titl	le:	
Address		Address:		
		<u> </u>	<u> </u>	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

LARBY BOOM	<u>e</u>	<u> </u>
4234 WAIN W	BIGHT	RP
Tallahassee	FL	37310

ARTICLE VII _ INCORPORATOR

The name and address of the Incorporator is:

Lary Jan Name: 4234 Wanuryet Address: Tallahassee fl 32310

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

Required Signature/Registered Agent

<u>3/25/15</u> Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Samy Book Required Signature/Incorporator

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(conti.)