

P15000037868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

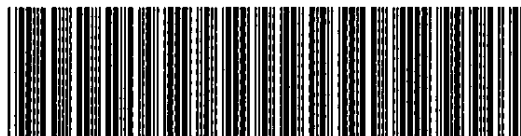
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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15 APR 23 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U-28-15 (A)

## COVER LETTER

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

**SUBJECT:** JCP Plumbing Enterprises, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED**

**FROM:** Carlos Robaina

Name (Printed or typed)

6270 Coolidge St

Address

Hollywood, FL 33024

City, State & Zip

954-536-2131

Daytime Telephone number

jcpplumbinginc@gmail.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)

**ARTICLE I    NAME**

The name of the corporation shall be: JCP Plumbing Enterprises Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6270 Coolidge St

Same

Hollywood, FL 33024

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: supply plumbing services to industries  
and residences in the State of FL

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Jorge Pertierra, P

Address: 6270 Coolidge St  
Hollywood, FL 33024

Name and Title: Paul Simpson, VP

Address: 7137 Pine Creek Lane  
Coconut Creek  
FL, 33073

Name and Title: Carlos Robaina

Address: 10014 Boynton Place Circle #214  
Boynton Beach, FL 33437

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
15 APR 23 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

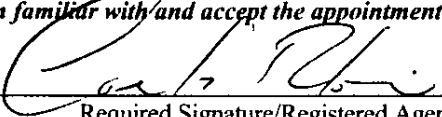
Name: Carlos Robaina  
Address: 10014 Boynton Place Circle #214  
Boynton Beach, FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

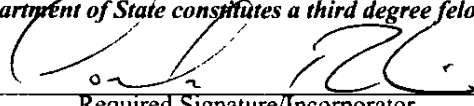
Name: Carlos Robaina  
Address: 10014 Boynton Place Circle #214  
Boynton Beach, FL 33437

*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

4/13/15  
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.*

  
Required Signature/Incorporator

4/13/15  
Date