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(((H150002014173)))



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FLORIDA PROFIT/NON PROFIT CORPORATION BENJAMIN DREW'S PLUMBING & DRAIN SERVICES I

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

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P. 002 men and the second

15 AUG 20 AH 11: 32

ARTICLES OF INCORPORATION

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

. SPORETARY OF STATE

ICLE IT PRIN		\$ Z.414 4.1	0.86
SW GRIMALDO	Principal <u>street</u> address TERRACE	Mailing address, if o	lifferent is
T SAINT LUCIE	, FL 34984		
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ICLE III PURP	OSE the corporation is organized is:ANY ANI	ALL LAW FULL ACTIVITIES	
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Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT Igrida street address (P.O. Box NOT acceptable)	. Of the registered gominie-	
Name:	BENJAMIN DREW TMENEZ	or ner reported again as	
Address:	173 SW GRIMALDO TERRACE		
	PORT SAINT LUCIE, FL 34984	- -	
damen de mare	INCOMPORATION		
	INCORPORATOR		
	ddress of the Incorporator is: BENJAMIN DREW JIMENEZ		
Name:	173 SW GRIMALDO TERRACE	<u></u>	
7/06/633:	PORT SAINT LUCIE, FL 34984		
Effective date, if	EFFECTIVE DATE: 08/18/2015 other than the date of filing:	(OPTIONAL)	
(If an effective of days after the fi		not be more than five business days prior or 90 business	
		le statutory filing requirements, this date will not be listed as	
the document is e	ffective date on the Department of State's record	5,	
Having been nat this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appobliment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity	
	Required Signature/Registered Agent	08/18/2015	
	Required Signature/Registered Agent	Date	
I submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a ony as provided for in x.817.155, F.S.	
	-	08/18/2015	
Requ	red Signature/Incorporator	Date	