

PH000033878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

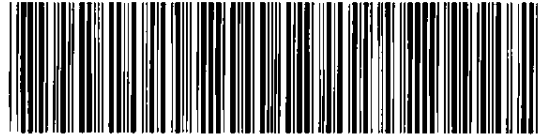
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
17 APR 13 AM 11:08
TALLAHASSEE, FLORIDA

APR 13 2017

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 593775 4326019

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : April 11, 2017

ORDER TIME : 10:19 AM

ORDER NO. : 593775-005

CUSTOMER NO: 4326019

DOMESTIC FILING

NAME: PIPE PLUG PROFESSIONALS, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: PIPE PLUG PROFESSIONALS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Joseph M. Martosella
Name (Printed or typed)

3401 Moore Street
Address

Philadelphia, PA 19145
City, State & Zip

215-334-7500
Daytime Telephone number

bushong.garret@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: PIPE PLUG PROFESSIONALS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1717 S W 1st Way, #8

Deerfield Beach, FL 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Rental and Sale of construction supplies and equipment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David J. Martosella, Pres. Name and Title:

Address 523 Olivia Way Address: Lafayette Hill, PA 19444

Name and Title: Garret Bushong, Vice-Pres. Name and Title:

Address 2600 NE 11th Terrace Address: Pompano Beach, FL 33060

Name and Title: Grant Bushong, Sec'y/Treas. Name and Title:

Address 2600 NE 11th Terrace Address: Pompano Beach, FL 33060

17 APR 13 PM 1:54
STATE OF 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: ~~Corporation Service Company~~ Garret Bushong
 Address: 1201 Hays Street 2600 NE 11th Terrace
Tallahassee, FL 32301 Pompano Beach, FL 33064

17 APR 13 PM 1:54
 STATE
 DEPARTMENT OF REVENUE - FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph M. Martosella
 Address: 3401 Moore Street
Philadelphia, PA 19145

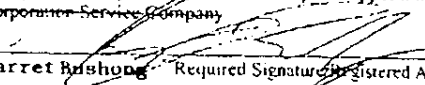
ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing, _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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

~~Corporation Service Company~~
 By: 
 Garret Bushong Required Signature: Registered Agent

4/11/17
 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 § 817.155, F.S.


 Required Signature: Incorporator

4/11/17
 Date