

P18000046805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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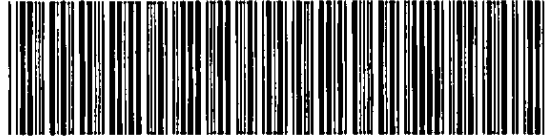
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY 18 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 22 2018

T. SCOTT

COVER LETTER

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

SUBJECT: Veteran's Plumbing of Tampa, 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: Christopher Law
Name (Printed or typed)

4519 Swallowtail DR
Address

New Port Richey FL 34653
City, State & Zip

727-364-6086
Daytime Telephone number

VeteransPlumbingofTampa@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: Veteran's Plumbing of Tampa, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4519 Swallowtail DR
New Port Richey FL 34653

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Law, President

Address: 4519 Swallowtail DR
New Port Richey FL
34653

Name and Title: John Vidal, Vice Preside

Address: 18443 Snowdonia DR
Land O Lakes FL
34638

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

FILED

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: John O Vidal

Address: 18443 Snowdonia DR
Land O Lakes FL 34638

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Chris Law

Address: 4519 Swallowtail DR
New Port Richey FL 34653

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/2/2018 (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

Tom V
Required Signature/Registered Agent

5/02/2018
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.

[Signature]
Required Signature/Incorporator

5/02/2018
Date