

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000343808 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	_	٠	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.,

Account Number : 075350000353

Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future reannual report mailings. Enter only one email address please.

C17	Address:			
- m - 1 1 1	ACCUPESS:			

FLORIDA PROFIT/NON PROFIT CORPORATION

Veshiva Plumbing Services Inc.

1000000	, , , , , , , , , , , , , , , , , , ,
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

ECV 0 5 2020

T. SCOT

ø

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
3.	on shall be: Yeshiva Plun	nbing	Scruices, I	nc
	PAL OFFICE Principal street address		Mailing address, if different is:	
_5255 Grande Palm	Circle		255 Grande Palm Circle	
Delray Beach, Fl.	33484	<u>D</u> e	elray Beach, FL 33484	
ARTICLE III PURPO. The purpose for which th				
				
	tock is: LOFFICERS AND/OR DIRECTOR: Scott Jeshiva - Director		îtle:	
Address	5255 Grande Palm Circle Delray Beach, FL 33484	Address:		
Name and Title:		Name and T	`itle:	
Address			001-6	
		Name and T	itle:	11: 28
Address				

Name and T	itle:	_ Name and Title:		
Address		Address:		
•				
v				
The name and Flor	<u>EGISTERED AGENT</u> ida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name:	Scott Jeshiva			
Address:	5255 Grande Palm Circle			
_	Delray Beach, FL 33484			
ARTICLE VII IN	SCORPORATOR			
The name and addi	ress of the Incorporator is:			
Name:	Scott Jeshiva	_		
Address:	5255 Grande Palm Circle	_		
	Delray Beach, FL 33484	_		
ARTICLE VIII E	EFFECTIVE DATE:	(OPTIONAL)		
Effective date, if of (If an effective date	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cann	not be more than five days prior or 90 days after the		
filing.)				
Note: If the date it the document's effe	nserted in this block does not meet the applicable ective date on the Department of State's records	ile statutory filling requirements, this date will not be listed as is.		
	di d	s for the above stated corporation at the place designated in this		
Having heen numé certificate. I am fat	alas registered agent to accept service of process with a lid accept the appointment as registed.	tered agent and agree to act in this capacity		
1/1/2		×10/2/20		
X Jam	Required Signature/Registered Agent	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.				
	hin t	× 10/2/20		
Required Signatule	2/Incorporator	Date //		