

P2100000S3973

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
GEN 3 PLUMBING, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

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COVER LETTER

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

SUBJECT: GEN 3 PLUMBING, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LICENSES, ETC., INC.
Name (Printed or typed)

27911 CROWN LAKE BLVD., SUITE 211

Address

BONITA SPRINGS, FL 34135

City, State & Zip

(239) 777-1028

Daytime Telephone number

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2021 JUN -8 AM 10:01

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GEN 3 PLUMBING, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address1081 Spinniker Rd.Buckhead, GA 30625

Mailing address, if different is:

1081 Spinniker Rd.Buckhead, GA 30625ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.ARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MICHAEL ROGERS, PRESIDENT

Name and Title: _____

Address 1081 SPINNIKER ROAD

Address: _____

BUCKHEAD, GA 30625

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LICENSES, ETC., INC.

Address: 27911 CROWN LAKE BLVD., SUITE #211
BONITA SPRINGS, FL 34135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHAEL ROGERS

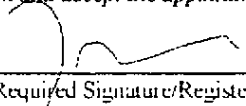
Address: 1081 SPINNIKER RD.
BUCKHEAD, GA 30625

ARTICLE VIII EFFECTIVE DATE:

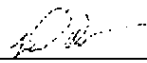
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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*

	<u>05/27/2021</u>
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 s.817.155, F.S.

	<u>06/08/2021</u>
Required Signature/Incorporator	Date

2021 JUN -8 AM 10:01