

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P240004123
Note: Please use this page as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

((H24000246959 3)))



H240002469593ABC8

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

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

From:
Account Name : HUBCO
Account Number : 184662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: admin@iknowaguyplumbing.com

FLORIDA PROFIT/NON PROFIT CORPORATION
I KNOW A GUY PLUMBING INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL 22 PM 4:11

RECEIVED
2024 JUL 22 PM 12:39
DIVISION OF CORPORATIONS

H24000246959

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: I KNOW A GUY PLUMBING INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1211 Belmore Terrace
Wellington, FL 33414Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal & lawful Purpose

_____**ARTICLE IV SHARES**The number of shares of stock is: 1000 at No Par Value
_____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Paul Punzone - President/Director

Name and Title: _____

Address: 14575 Bonaire Blvd #505
Delray Beach, FL 33446Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

_____Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

_____Address: _____

_____FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL 22 PM 4:11

H24000246959

H24000246959

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:	William Kenney
Address:	429 Southeast Bancroft Court
	Port St. Lucie, FL 34984

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:	Paul Punzone
Address:	14575 Bonaire Blvd #505
	Delray Beach, FL 33446

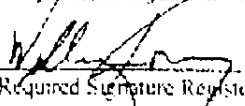
ARTICLE VIII EFFECTIVE DATE:

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

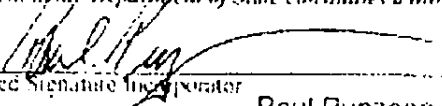
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	_____	July 17, 2024
Required Signature Registered Agent	William Kenney	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.

	_____	July 17, 2024
Required Signature Incorporator	Paul Punzone	Date

H24000246959