Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P24000048433

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.

(((H24000246959 3)))

H24000246959 3ABC8

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 : 104662003400
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

CLERK
2024 JUL 22 PM 12:39

Electronic Filing Menu Corporate Filing Menu Help

H24000246959

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: I KNOW A GUY PLUMBING INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1211 Belmore Terrace
Wellington, FL 33414

Mailing 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

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

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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

H24000246959

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: William Kenney

Address: 429 Southeast Bancroft Court

Port St. Lucie, FL 34984

ARTICLE VII INCORPORATOR

The **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