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TRANSMITTAL LETTER

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

200001499382 -05/25/95--01075--018 ****367.50 ****122.50

	AR PLUMB									
Į,r	Proposed corporate na	ame - must include sui	шхі							
•		*/								
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:										
\$70.00	78.75	\$122.50	\$131.25							
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing ree, Certified Copy & Certificate	F8 =	المفاليتي					
		W								
FROM:	LARRY	MOSCOV	ITCH	25 AH						
•	Name (printed or typed)			7: 5 \$ 14 T LOND	(reason					
	13019	55 E	"Personal Property of the Person of the Pers							
- Address										
	PLANTATION, FL.33317									
City, State & Zip										
305-327-9220										
Daytime Telephone number										
		41								

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: EPAR PLUMBING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1301 SW 63 AUENUE

PLANTATION, FL. 33317

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LARRY MOSCOVITCH 1301 SW 63 AVE, PLANTATION, FL. 33317

ARTICLE V INCORPORATOR(S)

The name(s)	and street address(es) of the incorporator(s) to these Articles of Incorpora-
tion is(are):	LARRY MOSCOVITCH 1301 SW 63 AVE.
	1301 SW 63 AVE.
	PLANTATION, FL. 33317

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	of the corporation is:	EPAR.	. Plumb	ING.	In	<u>1C</u>	•
							
2. The name	and address of the regi	stered agen	t and office is	:			
	LARRY M	loscovi	TCH				
-		(Name)			_		
	1301 SW		WE		_		
_	(P.O.	Box not acce	ptable)		_		
	PLANTATI	ON, FI	333	317			
-		(City/State/Zip					
	• •						
Having been above stated the appointm to comply wit mance of my as registered	named as registered ago corporation at the place ent as registered agent a th the provisions of all sta duties, and I am familiar agent.	ent and to a designated and agree to atutes relation with and ac	ccept service in this certifi ect in this co ng to the prop cept the oblig	of proce cate, I he apacity. per and c nations o	ess for ereby a further complete for my per the comple	the iccep r agr te pe ositio	t ee rfor- n
	musell.		5/15/9	5.	URETAR LAHAS:	5 IIAY 2:	- THE UZ
	(Signature)		/ /	(Date)	[13~<	- ,	4

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