TRÂNSMITTAL LETTER

P98000105928

Artment of State
Avision of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700002706077--4 -12/08/98--01053--001 ****122.50 ******78.75

SUBJECT: Peté's Prumbing Division II, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00 Filing Fee

\$78.75

Filing Fee & Certificate ZI\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

		······
FROM:	NEIL Peterson	
	Name (Printed or typed)	7X 98
	P.O. Box 3124	ECRETA PEC
	Address	22 SSE
	ORLANDO, FL 32802	## SE ## D
	City, State & Zip	: 36 1E 10A
	407-351-6204	~ 67
	Daytime Telephone number	<u> </u>
		Y

A CHESSEN

DEC 2 2 1998

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 10, 1998

NEIL W PETERSON P O BOX 3124 ORLANDO, FL 32802

SUBJECT: PETE'S PLUMBING DIVISION II, INC.

Ref. Number: W98000027694



We have received your document for PETE'S PLUMBING DIVISION II, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 898A00058386

ARTICLES OF INCORPORATION

PETE'S PLUMBING DIVISION II, INC.

ARTICLE I. - NAME

The name of this corporation is Pete's Plumbing Division II, Inc.



ARTICLE II. - PRINCIPAL OFFICE

The principal office and mailing address of this corporation is P.O. Box 3124

Orlando, FL 32804.

809 h East Washington 5t.

ARTICLE III. – CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated "common shares."

ARTICLE IV. - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is P.O. Box

3124, Orlando, FL 32802, and the name of the initial registered

agent of this corporation at that address is NEIL WAYNE

809/2 East Washington

ARTICLE V. - INCORPORATORS

The names and addresses of the persons signing these Articles of Incorporation

are:

P.O. BOX 3124

ORLANDO, FL 32802

809 12 East Washingtonst Ola-do, FL. 32801

IN WITNESS WHEREOF, the undersigned subscribers have executed these

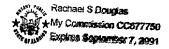
Articles of Incorporation this 15th day of November, 1994.

WAYNE PETERSON

State of Florida County of Orange

Acknowledged before me this 4th day of December, 1998 by Neil Wayne Peterson, IDFIDL#P362-639-54-136-0.

State of Florida



CERTIFICATION OF DESIGNATION REGISTED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statues, 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 PETE'S PLUMBING DIVISION II, IN
- 2. The name and address of the registered agent and office is:

NEIL WAYNE PETERSON

P.O. BOX 3124 ORLANDO, FLA

12802 Orlands Els

NEIL WAYNE PETERSON TITLE: PRESIDENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF AL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.