P990000 39483

TRANSMITTAL LETTER

		700002852887\$ -04/27/9901040006		
Department of State		****140.00	******70.00	
Division of Corporations		=- ==	-	
P.O. Box 6327		-	-	
Tallahassee, FL 32314		_		
SUBJECT:				
Proposed Corporate Name				
Paul Seebeck Plumbine	a Inc			
	<i>)</i> .	<u>~</u>	• .	
with the filing date. FROM:				
	-	- <u>-</u> -	-, -	
Paul Seebeck		<u> </u>	±	
Name (print or type)				
2602 Rogero Road		_		
Address			-	
Jacksonville, FL 322	211	-		
City, State, Zip			<u>. </u>	
(904) 993-6498	٠			

Area Code and Phone Number (Daytime)

FILED

99 APR 27 PM 3: 14

SECRETARY OF STATE
TALL AHASSEF FLORID.

ARTICLES OF INCORPORATION OF

(Name of Corporation)

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

ARTICLE 1: NAME
The name of the corporation shall be: Paul School Plumburg, Incorporation and the corporation shall be: Paul School Plumburg, Incorporation shall be (give street address and zip code): Paul School Plumburg, Incorporation shall be (give street address and zip code): Paul School Plumburg, Incorporation shall be (give street address and zip code): Paul School Plumburg, Incorporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any

whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: INCORPORATOR

time is:

The name and street address of the incorporator to these Articles of Incorporation is:

The undersigned incorporator has executed these Articles of Incorporation this 2|S|

Signature

Articles of Incorporation Filing Fee — \$35.00

NPR 27 PM 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporatio of Florida submits the following statement in design	n organized under the laws nating the registered office,	of the State /registered
agent, in the State of Florida.		=-7-
 The name of the corporation/professional associ 	ation is:	
Paul Seebeck Plumbi	ing, Inc:	
	J.	_
The name and address of the registered agent an	d office is:	· <u>·</u>
Paul Secbeck		
Full name		
2602 Rogero Rd		
Address (P.O. Box not acceptable)		
Jacksonville, FL	32211	
City, State, and Zip		
HAVING BEEN NAMED AS REGISTERED AGE PROCESS FOR THE ABOVE STATED CORPORA IN THIS CERTIFICATE, I HEREBY ACCEPT TH AGENT AND AGREE TO ACT IN THIS CAPACT WITH THE PROVISIONS OF ALL STATUTES REL	TION AT THE PLACE DE 1E APPOINTMENT AS RE TY. I FURTHER AGREE TO	SIGNATED EGISTERED O COMPLY
PLETE PERFORMANCE OF MY DUTIES, AND I	AM FAMILIAR WITH AN	ID ACCEPT
THE OBLIGATIONS OF MY POSITION AS REGIS	STERED AGENT.	- _
THE OBLIGATION OF MILT COLLEGE		
	and P.S.	
SIGN	ATURE OF REGISTERED.	AGENT
	4/2/199	- :
DAT	 E	

AHASSEE,

Designation of Registered Agent Filing Fee — \$35.00

99 APR 27 PM 3: 14