TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

99 JUN -7 PM 12: 43

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

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SUBJECT: Martin Plumbing, Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the article			58730 -01125015) *****87.50
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	**1 \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Lisa Martin Name (Printed or typed)				
2305 NE 131st Lane Address Okeechobee, FL 34972 City, State & Zip				an State (1865) — La La Mari na de
	941–467–0502 Daytime Te	lephone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Martin Plumbing Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business and mailing address of this corporation shall be:

10753 Highway 441 North, Okeechobee, FL 34972

ARTICLE III SHARES

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

Five Hundred (500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lisa Martin

2305 NE 131st Lane, Okeechobee, F1 34972

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Lisa Martin

2305 NE 131st Lane; Okeechobee, FL 34972

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 all statutes 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.

Signature/Registered Agent

Date

ON SECRETARIONS OF MICH. W.S.