OOOO65

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

	Box 6327 hassee, FL 323	314				
SUBJ	ECT:	Watts Plumbic (Proposed corpor	rate name - must include su	ffix)		
			90	000029407 -07/26/9901 ****157.50	7591 028010 *****78.75	
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
0	FROM:	Jacqueline A. Name (Pri	Ma+45 inted or typed)			
RECEIVED	Tallahasser F City, Si (850) 224-488	ddress L 32304 tate & Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	99 JUL 26 AM 10 21		

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

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ARTICLES OF INCORPORATION

NAME

ARTICLE I

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

The name of the corporation shall be:		
WAHS Plumbing, Inc	SECRET TALLAHA	A. JUL 66
ARTICLE II PRINCIPAL OFFICE	SSS	8 골목
The principal place of business and mailing address of this corp	poration shall be:	
5126 Woodlane Circl	6	
Tallahassee, FL 323		2
·	300 · 9m	
The number of charge of the left of the		<u>*</u>
The number of shares of stock that this corporation is authorize	d to have outstanding at any one time	e is:
1,000 shares	·	- "
'1		
ARTICLE IV INITIAL REGISTERED AGENT A	ND STREET ADDRESS	
The name and Florida street address of the initial registered age	nt are:	
Jacqueline A. Wat	₩	
324 W. 8th Avenue		· · · · · · · · · · · · · · · · · · ·
Tallahassee, FL 3	2303	·
ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles of I	Incorporation are:	
Jacqueline A. Watts	President Secretary	MOOSUTET)
729 W. Gaines Stree	+	
/ Tallahassee: FL 32		
rallariassee, PZ sa		
1/2 /1 STI STA	1	
Jane Car	7/23/99	
Signature/Incorporator	Date	
/		
(A. 110) 1 of 1		
(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 certificate. I hereby accept the appointment or resistant described as	the above stated comparation at the -I I-	
The state of the s	O not in this committee I C	
monthly of an similar retaining to the proper and complete nerroymene	e of my duties, and I am familiar with a	and accept the
obligations of my position as registered agent	•	
Leche Whit	7/2 2/99	-
Signature/Registered Agent	40011	
/	Date	•