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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tyler.crawford15@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
WAYPOINT PLUMBING INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: WAYPOINT PLUMBING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
615 CASABLANCA RD  
JACKSONVILLE, FL 32216

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal and Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 200 at No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TYLER CRAWFORD - Presiden/Director Name and Title: \_\_\_\_\_

Address 615 CASABLANCA RD Address: \_\_\_\_\_  
JACKSONVILLE, FL 32216 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TYLER CRAWFORD  
 Address: 615 CASABLANCA RD  
 JACKSONVILLE, FL 32216

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: TYLER CRAWFORD  
 Address: 615 CASABLANCA RD  
 JACKSONVILLE, FL 32216

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent TYLER CRAWFORD

January 7, 2025

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature/Incorporator TYLER CRAWFORD

January 7, 2025

Date

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