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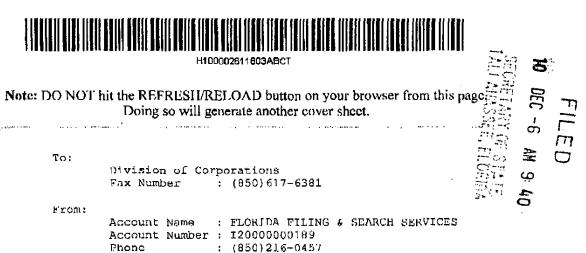


Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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December 7, 2010

FLORIDA DEPARTMENT OF STATE

FLORIDA FILING & SEARCH SERVICES Division of Corporations

SUBJECT: ISOPURE, CORP.

REF: W10000056617

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M07000006610 THE ISOPURE COMPANY, LLC.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H10000261180 Letter Number: 710A00028308

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ł.	ISOPURE, CORP.	
	(Enter name of corporation; must Include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "C	
	ISOPURE ONE, CORP.	
	(If name unavailable in Florida, enter alternate dorporate name adopted for the purpose of transacting business in Florida;	
7.	KENTUCKY 3. 61-1328404	
- '	(State or country under the law of which it is incorporated) (IIIE) number, if applicable)	
4.	05/04/1998 5, PERPETUAL	
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	UPON APPROVAL	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	141 CITIZENS BLVD., SIMPSONVILLE, KY 40067	_
•	(Principal office address)	ù
	141 CITIZENS BLVD., SIMPSONVILLE, KY 40067	'n
	179 man - 18 man 182 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_
Х.	MANUFACTURER OF WATER PURIFICATION EQUIPMENT	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
4,	. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)	
	Name: REGISTERED AGENT SOLUTIONS, INC.	
O	Office Address: 155 OFFICE PLAZA DR., SUITE A	
	TALLAHASSEE Florida 32301	
	(City) (Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature) asst-Secretary

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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FROM :

FAX NO. :

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12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:	•		
Address:	•		
Vice Chairman:			
Address:			
Director			
Achiress:	•		
Director:		•	
Address	1-4		
	上的	්	
B. OFFICERS		330	1
President: KEVIN GILLESPIE		5	En .
Address: 141 CITIZENS BLVD., SIMPSONVILLE, KY 40067		2	O
		ب	
Vice President:	7	5	
Address:			
All the second s			
Secretary: SARAH GILLESPIE		•	
Address: 141 CITIZENS BLVD., SIMPSONVILLE, KY 40067			
Treasurer:			
Address			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/	or directors		
13 Krin Chan			
Signature of Director or Officer The officer or director signing this document (and who is fisted in number 12 above) affirms that the	facts stated	hereir	1
are one and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in \$.817.155, F.S.			
14. KELIN C. Gillespre President 1 C. 80	•		
(Typed or printed name and capacity of person signing application)			

Commonwealth of Kentucky Trey Grayson, Secretary of State

Trey Grayson
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 107849

Visit http://apps.sos.kv.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

ISOPURE, CORP.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is May 4, 1998 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 3rd day of December, 2010, in the 219th year of the Commonwealth.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
107649/0455972

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