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Dec 21 2010 02:41AM P2/5

Florida Department of State  
Division of Corporations  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
ISOPURE, CORP.

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Dec. 21 2010 02:41AM P1/5



December 7, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
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SUBJECT: ISOPURE, CORP.  
REF: W10000056617

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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FROM :

FAX NO. :

Dec. 21 2010 02:41AM P3/5

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**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.*

1. ISOPURE, CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

ISOPURE ONE, CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY

(State or country under the law of which it is incorporated)

3. 61-1328404

(FE number, if applicable)

4. 05/04/1998

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON APPROVAL

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 141 CITIZENS BLVD., SIMPSONVILLE, KY 40067

(Principal office address)

141 CITIZENS BLVD., SIMPSONVILLE, KY 40067

(Current mailing address)

8. MANUFACTURER OF WATER PURIFICATION EQUIPMENT

(Purposes) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE

(City)

Florida 32301

(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.*

*Jennifer Escobedo, asst. Secretary*  
(Registered agent's signature)

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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: KEVIN GILLESPIE

Address: 141 CITIZENS BLVD., SIMPSONVILLE, KY 40067

Vice President: \_\_\_\_\_

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

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. *Kevin Gillespie*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. Kevin C Gillespie President / CEO  
(Typed or printed name and capacity of person signing application)

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FROM :

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**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.ky.gov/business/opdb/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 3<sup>rd</sup> day of December, 2010, in the 219<sup>th</sup> year of the Commonwealth.



*Trey*

Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
107649/0455972

SECRETARY OF STATE  
KENTUCKY  
FRANKFORT, KENTUCKY

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