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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.

LEAK MASTER INC.

Certificate of Status	0
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Articles of Incorporation

Article 1: Name of Corporation: **LEAK MASTER INC.**

Address of Corporation: **4466 SPRING GLEN ROAD
JACKSONVILLE, FLORIDA 32207**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **1,000**, with a par value of **1.00**.

Article 3: REGISTERED AGENT: **BRETT THOMAS**

REGISTERED OFFICE: **4466 SPRING GLEN ROAD
JACKSONVILLE, FLORIDA 32207**

"I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

Brett Thomas

Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. **BRETT THOMAS, 4466 SPRING GLEN ROAD, JACKSONVILLE, FLORIDA 32207**

2.

3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:
**BRETT THOMAS
4466 SPRING GLEN ROAD
JACKSONVILLE, FLORIDA 32207**

In witness whereof, I have subscribed my name:

Brett Thomas

Signature of Incorporator

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