F09000001923

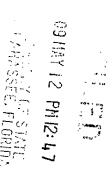
(F	Requestor's Name)			
· (F	Address)			
(F	Address)			
(C	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
	Wo TO O	,31		





100154962261

05/01/09--01048--022 **78.75



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: TSG Water Resources	s, Inc.
	poration - must include suffix)
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
Joni Shields	
(N	ame of Person)
TSG Water Resources, Inc.	
	irm/Company)
2401 NE 18th Terrace, Ste B	
	(Address)
Gainesville FL 32609	
(City,	/State and Zip code)
For further information concerning this matter, p	please call:
Joni Shields at (3	352 _{\ 215-5235}
	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$ Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



May 4, 2009

JONI SHIELDS 2401 NE 18TH TERRACE STE B GAINESVILLE, FL 32609

SUBJECT: TSG WATER RESOURCES, INC.

Ref. Number: W09000020897

We have received your document for TSG WATER RESOURCES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation in number 4 of the application and the date of incorpoation on the certificate of existence must match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 009A00014971

Tim Burch Regulatory Specialist II

Division of Comparations D.O. DOV 0207 Well-bases Elected 20014

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.

	er Resources, Inc.		
(Enter name of c	corporation; must include "INCORPORATED,' Corp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATION	, "
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
Georgia		58-2069406	,
	e or country under the law of which it is incorporated) (FEI number, if applie		icable)
10/06/19 9	13 06/26/2002 5.	perpetual	
(Date	e of incorporation) []X. M.	(Duration: Year corp. will cease to	exist or "perpetual")
03/01/200	9		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	v)
. 2401 NF 1	1011 7 01 7 4 1		_
	(Principal office addr	esville FL 3260	<u> </u>
(Same)	(· · · · · · · · · · · · · · · · · · ·	,	
((Current mailing add	ress)	<u>_</u>
	ayroll services for subsidiary,		
(Purpose(s) of corporation authorized in home state or co	untry to be carried out in state of Flor	rida)
). Name and stre	et address of Florida registered agent: (P.O	Box NOT acceptable)	ALLAHA AVN 60
Name:	Donald L. Mayer		
Office Address:	2401 NE 18th Terrace, Ste	В	
	Gainesville	, Florida 32609	PHIZ: 4
	(City)	(Zip code)	~~∴, +-

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)

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.

A. DIRECTORS Chairman: Arthur Dana Address: 41 Enclave Circle Savannah, GA 31419 Vice Chairman: Address: _ Director: Donald L. Mayer Address: 40 Modena Island Dr Savannah, GA 31411 Director: Jonathan D. Sprague Address: 3 Springfield Retreat Savannah, GA 31411 **B. OFFICERS** President: Jonathan D. Sprague Address: 3 Springfield Retreat Savannah, GA 31411 Vice President: Donald L. Mayer Address: 40 Modena Island Dr Savannah, GA 31411 Secretary: Donald L. Mayer Address: 40 Modena Island Dr, Savannah GA 31411 Treasurer: Jonathan D. Sprague Address: 3 Springfield Retreat, Savannah GA 31411 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14 Donald L. Mayer, Director, Secretary and Vice President

(Typed or printed name and capacity of person signing application)

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

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE
OF
EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TSG WATER RESOURCES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 06/26/2002 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 27th day of April, 2009

Karen C Handel Secretary of State

faun Chaudel

Certification Number: 4237459-1 Reference: FL App

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp