TOGOBBANATTS

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
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SECRETARY OF STA

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Good Water Company Inc. (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Tom Cartwright Eg = . (Name of Person)
The Good Water Company 35 8
12015 43rd 8t. NE Suite 400
St. Michael, MN 55370 (City/State and Zip code)
For further information concerning this matter, please call:
Tom Cartwright at (763) 497-8500 (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 \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

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.

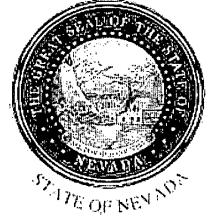
1. The G (Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")		ON,"	
Pure I	De in Florida, enter alternate corporate name ado	. pted for the purpose of transact	ling business in Florida)	
2. Nevac (State or country u	nder the law of which it is incorporated)	20-865990 (FEI number, if ap	pplicable)	
4. March , (Date of	· · · · · · · · · · · · · · · · · · ·	Perpetual Puration: Year corp. will cease	to exist or "perpetual")	
6	(Date first transacted business in Florest SECTIONS 607.1501 & 607.1502,		ility)	
7. 12075	43rd. St. NE Suite (Principal office address	, 400 St. Mic	mael, MN	55374
Sume	OS (JOOVE (Current mailing address	St. Mi	ichael, Ma) 5537
8. Sales (Purpose(s)	g in Staulation of of corporation authorized in home state or count	ry to be carried out in state of F	fication Sy	18tems
9. Name and street	address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		•
Name:	Mike Perkinson	_	28 28 E	_
Office Address:	5400 SW 88+2 Place			1
	Ocala (City)	, Florida <u>34476</u> (Zip code)	20 /	
10. Registered age	ent's acceptance:	Sures and Sandha about adat		
dësignaled in this a further agree to co	d as registered agent and to accept service of application, I hereby accept the appointmen mply wiff the provisions of all statutes relativished accept the obligations of my positions.	t as registered agent and agiversity to the proper and compli	ree to act in this capac	city. I
/,	Mh h			
7	(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.

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

A. DIRECTORS
Chairman: Tom Carturight
Address: 12075 43rd 87. NE Suite 400
St. Michael, MN 55370
Vice Chairman: Mike Paice
Address: 9500 Hillwood Brive, Suite 200B
Las Vegas NV 89134
Director: Ari Raivetz
Address: RNK Capital, 527 Madison Ave 7th Floor
New York, NY 10072
Director:
Address:
TIM TO SECOND TO
B. OFFICERS
President: Mile Paice
Address: Same as above
Vice President: Tom Cartwright
Address: See above
Secretary: Tom Carturant
Address: See above
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Director or Officer listed in number 12 of the application)
14. Thomas Carturiant, CED and Chairman (Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE GOOD WATER COMPANY, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 15, 2007, and is in good standing in this state.

O THE OF THE OF

Electronic Certificate
Certificate Number: C20081231-2104
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 31, 2008.

ROSS MILLER Secretary of State

SECRETARY OF STATE