Division of Corporations

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# P00000037933

#### Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : MART'S ACCOUNTING COMPANY

Account Number : I20000000048 Phone : (305)545-9007 Fax Number : (305)545-9075

### FLORIDA PROFIT CORPORATION OR P.A.

AQUA-TRON PRODUCTS, CORP.

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\$70.00

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#### ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

#### ARTICLE I: NAME

The name of the corporation shall be AQUA-TRON INTERNATIONAL, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

6565 W 26 DRIVE STE.-102 HIALEAH, FL 33016

#### ARTICLE III: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the States of Florida, or any other state, country, territory or nation.

#### ARTICLE IV: CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is 500 (FIVE HUNDRED).

## ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent are: Patricia Dalmazzo
6565 W 26 Drive Ste. 102
Hialeah, Fl 33016

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SECRETARY OF STATE
DIVISION OF CONFORMATIONS

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#### ARTICLE VI: INCORPORATOR (S)

The name and address of the incorporators of these Articles of Incorporation are:

Patricia Dalmazzo 6565 W 26 Drive Ste. 102 Hialeah, Fl 33016

Articles of Incorporation this 12 Day of 9/2/2000

Signature (s) of Incorporator(s)

Patricia Dalmazzo

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF THE DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

**SIGNATURE** 

DATE 4/12/2000

INISION OF CHENCATION OF SHAFE

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