

TRANSMITTAL LETTER

P00000096271

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
00 OCT 12 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700003410277-5  
-09/23/00--01096--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: SUNSHINE WATER SYSTEMS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID KILBOURNE  
Name (Printed or typed)

PO Box 4223  
Address

FORT MYERS FL 33918  
City, State & Zip

941-336-5022  
Daytime Telephone number

789, 3551, 3545, 3550  
W00-34039

NOTE: Please provide the original and one copy of the articles.

D. BROWN OCT 12 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 4, 2000

DAVID KILBOURNE  
POST OFFICE BOX 4223  
FORT MYERS, FL 33918

SUBJECT: SUNSHINE WATER COMPANY  
Ref. Number: W00000024039

We have received your document for SUNSHINE WATER COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 700A00052500

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE WATER SYSTEMS INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 4223  
FORT MYERS FL 33918

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF WATER TREATMENT & PURIFICATION SYSTEMS

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID KILBOURNE  
13180 N. CLEVELAND AVE #112  
FORT MYERS, FL 33903

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID KILBOURNE  
PO BOX 4223  
FORT MYERS, FL 33918

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

David Kilbourne  
Signature/Registered Agent DAVID KILBOURNE

10-10-2000  
Date

David Kilbourne  
Signature/Incorporator DAVID KILBOURNE

10-10-2000  
Date

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