

PO10000010320

TRANSMITTAL LETTER

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

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-01/26/01--01163--005
*****78.75 *****78.75

SUBJECT: WATER GARDEN 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

DAVID MC MULLEN
Name (printed or typed)

4502 W. LINEBAUGH AVE, BLDG. C
Address

TAMPA FL 33624
City, State & Zip

813-968-2319
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 26 AM 9:55

FILED

T. Burch JAN 29 2001

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WATER GARDEN SYSTEMS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4502 W. LINEBAUGH AVE, BLDG C
TAMPA FL 33624*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares at \$1.00 Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*DAVID Mc MULLEN
4502 W. Linebaugh Ave, Bldg C
Tampa FL 33624*

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TALLAHASSEE, FLORIDA

01 JAN 26 AM 9:56

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID MEMULLEN
4502 W. Linebaugh Ave, BLD. C
TAMPA FL 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of January, 2001.

David E McMullen
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WATER GARDEN SYSTEMS INC

2. The name and address of the registered agent and office is:

DAVID M S MULLEN
(Name)

4502 W. LINCOLN AVE, BLDG C
(P.O. Box or Mail Drop Box NOT acceptable)

TAMPA FL 33624
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service 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 my duties, and I am familiar with and accept the obligations of my position as registered agent.

David E Mullen
(Signature)

01/24/01
(Date)