

PO100028481

Part Number Only

V
A
T
I
O
N
O
N
L
Y

Requestor's Name

Address

City

State

ZIP

Phone

900003887679--4
-03/20/01--01008--020
*****78.75 *****78.75

CORPORATION(S) NAME

Blue Waters A/C, INC.

FILED
01 MAR 20 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail | |

RECEIVED
01 MAR 20 AM 9:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFIED COPY

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Empire Toll Free: 1-800-432-3028

FILED
01 MAR 20 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

Blue Waters A/C, Inc.

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

ARTICLE I

The name of this Corporation shall be:

Blue Waters A/C, Inc.

ARTICLE II

The Corporation shall have a perpetual existence.

ARTICLE III

This Corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV

This corporation is authorized to issue one thousand shares of one dollar (1.00) par common stock.

ARTICLE V

This Corporation initially has locations with the principal office located at:

16265 69th Street North
Loxahatchee, Florida 33470

ARTICLE VI

The name of the initial registered agent of this corporation and address is:

Karen E. Stedman
3931 RCA Blvd., Suite 3101
Palm Beach Gardens, Florida 33410

ARTICLE VII

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director(s) of this Corporation is:

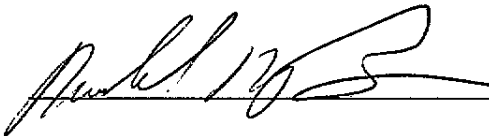
Michael A. Brown
16265 69th Street North
Loxahatchee, Florida 33470

ARTICLE VIII

The name and address of the person signing these Articles is:

Michael A. Brown
16265 69th Street North
Loxahatchee, Florida 33470

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this 9 day of March, 2001.

 (Seal)

STATE OF FLORIDA

)
:ss
)

Before me, the undersigned authority, personally appeared:

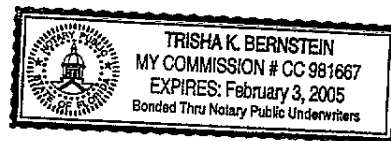
Michael A. Brown

to me well known to be the person described in and who executed the foregoing and acknowledge before me that they executed same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 19 day of March, 2001.

Trisha K. Bernstein
Notary Public

My Commission Expires: 2-3-05



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

Blue Waters A/C, Inc.

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

Karen E. Stedman
3931 RCA Blvd. Suite 3101
Palm Beach Gardens, FL. 33410

SIGNATURE

(Corporate Officer)

TITLE

President

DATE

3-19-01

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.

SIGNATURE

DATE

3-19-01

FILED
01 MAR 20 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA