

P01000033824

TRANSMITTAL LETTER

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

500003929915--6

-03/29/01--01090--015

*****70.00 *****70.00

SUBJECT: FLORIDA WATER TESTING 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: TED A NIZIOL
Name (Printed or typed)

139 LAKE SHORE DR N.
Address

PALETT HARBOR FL 34684
City, State & Zip

727-9390023 / 727-8084170
Daytime Telephone number

FILED
01 MAR 29 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 3 2001

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA WATER TESTING INC.

ARTICLE II PRINCIPAL OFFICE

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

139 LAKESHORE DR N
PALM HARBOR FL 34684

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

TED A NIZIOL
139 LAKESHORE DR N
PALM HARBOR FL 34684

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TED A. NIZIOL
139 LAKESHORE DR N.
PALM HARBOR FL 34684


Signature/Incorporator

2-22-01
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

2-22-01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA