

TRANSMITTAL LETTER

P020000071503

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

SUBJECT:

TROPICAL WAVE IRRIGATION, Inc
(Proposed corporate name - must include suffix)

500006099385--9
-06/28/02--01031--001
*****70.00 *****70.00

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:

TROPICAL WAVE IRRIGATION, Inc
Name (Printed or typed)

9600 NW 14 ST.
Address

Pembroke Pines FL 33024
City, State & Zip

(954) 474-9000 CPA
Daytime Telephone number

02 JUN 28 PM 2:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BM 6/28

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:

TROPICAL WAVE Irrigation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*c/o MARK SANTANA
9600 NW 14 STREET. Pembroke Pines FL 33024*

ARTICLE III SHARES

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

500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*EDWARD J ZIMMERMAN 9600 NW 14 ST
Pembroke Pines, FL 33024*

ARTICLE V INCORPORATOR

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

*EDWARD J ZIMMERMAN 9600 NW 14 ST.
Pembroke Pines, FL 33024*

[Signature]

Signature/Incorporator

6/25/02

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]

Signature/Registered Agent

6/25/02

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA