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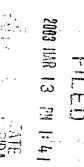
| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | y/State/Zip/Phone | <i>⇒#</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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03-18-03

TRANSMITTAL-LETTER

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

| SUBJECT: | Gulfsteam : | Irrigation | INC | | | | |
|---|------------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| | (PROPOSED CORPORAT | re name ≃ <u>must inclu</u> | DE SUFFIX) | | | | |
| | | | | | | | |
| Enclosed is an origin | el and ang(1) capy of the article | or of incomposition and a | ahaala fam . | | | | |
| Enclosed is an origina | al and one(1) copy of the article | s of incorporation and a | Check for: | | | | |
| \$70.00 | □ \$78.75 | □ \$78.75 | \$87.50 | | | | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee | Filing Fee, | | | | |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of | | | | |
| | | ADDITIONAL CO. | Status | | | | |
| | | ADDITIONAL CO | PY REQUIRED | | | | |
| EDOM Ing D Complant | | | | | | | |
| FROM: Joan D. CRIVE LONG Name (Printed or typed) | | | | | | | |
| 2890- 511 Uth St | | | | | | | |
| 2890-5 W 4 th 5+ | | | | | | | |
| Boy ton Beh Florida 33435 | | | | | | | |
| | City, S | State & Zip | <u>Car</u> 50.00 | | | | |
| | 561-73 | 2-3180 | | | | | |
| | Daytime Te | lephone number | | | | | |

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

| ARTICLES OF INCORPORA In compliance with Chapter 607 and/o | | , F.S. (Profit) | • • | | · · · |
|---|--|------------------|--------------------|-----------------|---------------|
| ARTICLE I NAME The name of the corporation shall be: Gutfstream Irri | | | <u>.</u> | | 2003 HAR |
| ARTICLE II PRINCIPAL OF The principal place of business/mailing 2890 - 5 W 4th 4 Boynton Beh Flo | address is: | 34 3 5 | <u>-</u> | | R 13 PN 1: 41 |
| The purpose for which the corporation Sprinkler Service | is organized | is: | | | |
| ARTICLE IV SHARES The number of shares of stock is: | | - | | | |
| ARTICLE V INITIAL OFFICE The name(s) and address(es): Joan D. Crivellone Anthony P. Crivellone 2890-5W 4th 5t Bayuton Bah | Preside V. A | dout / T | reasure Secreti | - zay | - |
| ARTICLE VI REGISTERED The name and Florida street address Anthony P. Crivelle 2890-54 4th St. Boyuta Beh Floria | of the register | | See S | " . | |
| ARTICLE VII INCORPORATO The name and address of the Incorporation John D. Chivellow 2890- SU | OR ator is: | | | | * ± |
| ************************************** | ride 3 ******** ept service of pro | eess for the abo | ve stated corpora | tion at the pla | _ |
| Signature/Registered Agent | 7 | | D | ate | |

lune PRES

Signature/Incorporator