

PD3000033359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

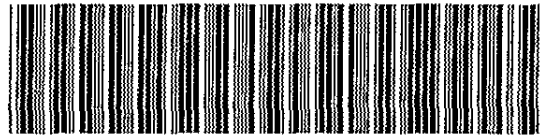
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/12/03--01026--013 **78.75

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03 MAR 24 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

003-7463

TRANSMITTAL LETTER

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

SUBJECT: FREE ALGAE HEALTH 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CORBY BARTLETT
Name (Printed or typed)
749 BISTLINE AVENUE
Address
LONGWOOD, FL 32750
City, State & Zip
407-782-4720
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 14, 2003

COREY BARGLETT
749 BISTLINE AVE
LONGWOOD, FL 32750

SUBJECT: ALGAEFREEHEALTH SYSTEMS INC.
Ref. Number: W03000007463

We have received your document for ALGAEFREEHEALTH SYSTEMS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 303A00016210

ARTICLES OF INCORPORATION
OF

ALGAE FREE HEALTH SYSTEMS, INC.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE:

ALGAE FREE HEALTH SYSTEMS, INC

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

749 BISTLINE AVENUE, LONGWOOD FL. 32750

ARTICLE 11 NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 SHARES AT \$ 1.00 EACH.

ARTICLE 1V TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS(ARE) ELECTED, IS(ARE):

COREY BARTLETT 749 BISTLINE AVENUE LONGWOOD FL. 32750

ARTICLE VI INCORPORATOR(S)

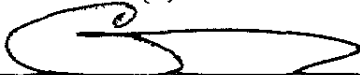
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03 MAR 24 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THIS ARTICLES OF INCORPORATION IS(ARE):

COREY BARTLETT
749 BISTLINE AVENUE
LONGWOOD,FLORIDA,32750

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS
(HAVE)EXECUTED THESE ARTICLES OF INCORPORATION THIS
5 DAY OF FEBRUARY, 2003.

SIGNATURE(S) OF INCORPORATOR(S)



STATE OF FLORIDA,

COUNTY OF SEMINOLE.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO
BEFORE ME THIS 5 DAY OF 2003, BY COREY BARTLETT
NAME OF INCORPORATOR
OF ALGAE FREE HEALTH SYSTEMS, INC.
NAME OF CORPORATION.

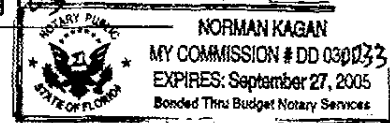
NOTARY PUBLIC



MY COMMISSION EXPIRES

9/27/05

(SEAL)



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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:
ALGAE FREE HEALTH SYSTEMS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

COREY BARTLETT

749 BISTLINE AVENUE

LONGWOOD, FLORIDA, 32750

SIGNATURE



CORPORATE OFFICER

TITLE

PRESIDENT

DATE

2-05-03

HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



REGISTERED AGENT

DATE

2-5-03

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TALLAHASSEE, FLORIDA