

P03 000146014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

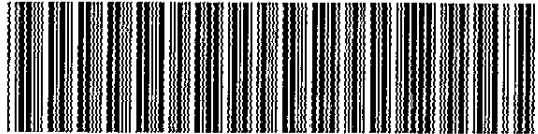
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/6/03  
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## TRANSMITTAL LETTER

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

SUBJECT: ACTION PUMP & SUPPLY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: George R. LUSZCZYK  
Name (Printed or typed)

13501 TOMAHAWK DR  
Address

UNION HARBOR BC FL 32937  
City, State & Zip

321-773-0333  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION FOR ACTION PUMP & SUPPLY, INC.**

In compliance with Chapter 601 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
**ACTION PUMP & SUPPLY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principle place of business/mailling address:  
**135A1 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH, FL 32937**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**REPAIR AND REPLACEMENT OF PUMPS. REPAIR SPRINKLER SYSTEMS.**

**ARTICLE IV SHARES**

The number of shares of stock is:  
**1000 SHARES OF STOCK WITH 100 OUTSTANDING SHARES  
SHARES ARE \$1.00 A PIECE**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

**GEORGE R. LUSZCZYK, JR. PRESIDENT, VICE PRESIDENT,  
SECRETARY, & TREASURER**

**ARTICLE VI REGISTERED AGENT**

**GEORGE R. LUSZCZYK, JR.  
453 LAUREL COURT  
SATELLITE BEACH, FL 32937**

**ARTICLE VII INCORPORATOR**

**GEORGE R. LUSZCZYK, JR.  
453 LAUREL COURT  
SATELLITE BEACH, FL 32937**

\*\*\*\*\*  
*Having been names as regitered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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