P04000022802

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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TALLAHASSEES FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ALL	FLORIDA A	FILT RAYIUN TENAME-MUSTINCLU	INC.
		TE NAME – MUST INCLUI cles of incorporation and a	
\$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 CO	PY REQUIRED
FROM: _	Mr. John M. 1489 Palm C Palm Coast,	Scifo oast Pkwy N.W. Ste. 5 FL 32137-4720	-

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

Address

City, State & Zip



Glenda E. Hood
Secretary of State

January 26, 2004

JOHN M. SCIFO 1489 PALM COAST PKWY N.W., STE 5 PALM COAST, FL 32137-4720

SUBJECT: ALL FLORIDA FILTRATION, INC.

Ref. Number: W04000003074

We have received your document for ALL FLORIDA FILTRATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6924.

Letter Number: 804A00004391

Stacy Prather
Document Specialist Supervisor
New Filings Section



ARTICLES OF INCORPORATION

The undersigned incorporator,	for the purpose	of forming a co	rporation under i	the Florida
Business Corporation Act, here	by adopts the fo	ollowing Articles	s of Incorporation	7.

ARTICLE I	NAME
	1 44.9714495

The name of the corporation shall be:

ALL FLORIDA FILTRATION, INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

PALM COAST. 32164

SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BRIAN QUINN 8 WALLA PL POIM CUSST, FC 32164

INCORPORATOR

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

BRIAU QUINN OFFICER ORP

LARRY QUINN OFFICER (16 PF)

Signature/Incorporator

(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