

PO400000 23300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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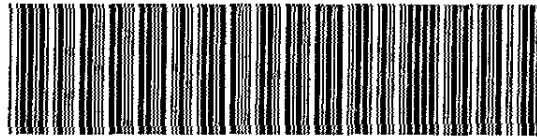
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/5/04

TRANSMITTAL LETTER

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

SUBJECT: BACKFLOW PREVENTION SERVICES, 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: Sammy L. Butler
Name (Printed or typed)

1754 Carolina Avenue

Address

Ormond Beach, FL 32174

City, State & Zip

386 235-3997

Daytime Telephone number

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

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S. (PROFIT)

ARTICLE I NAME

The name of the corporation shall be:

BACKFLOW PREVENTION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1754 CAROLINA AVENUE
ORMOND BEACH, FLORIDA 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL "FOR PROFIT" ENDEAVOR

SHARES ARTICLE IV

The number of shares of stock is:

FIVE HUNDRED SHARES (500)

ARTICLE V INITIAL OFFICERS/DIRECTORS

MICHAEL CHUVEN, PRESIDENT
144 S. HALIFAX #30
DAYTONA BEACH, FLORIDA 321118

SAMMY L. BUTLER, SECRETARY/TREASURER
1754 CAROLINA AVENUE
ORMOND BEACH, FL 32174

ARTICLE VI REGISTERED AGENT

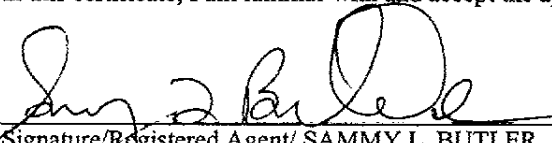
SAMMY L. BUTLER
1754 CAROLINA AVENUE
ORMOND BEACH, FLORIDA 32174

ARTICLE VII INCORPORATOR

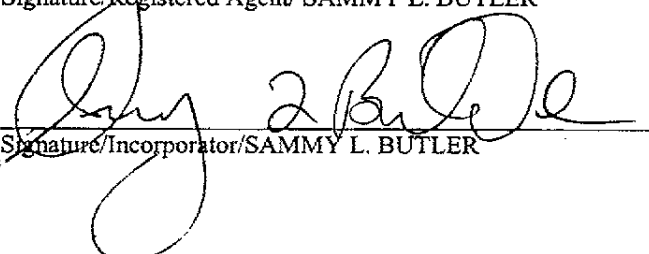
The name and address of the incorporator is:

SAMMY L. BUTLER
1754 CAROLINA AVENUE
ORMOND BEACH, FLORIDA 32174

.....
Having been named as registered 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/ SAMMY L. BUTLER


Date


Signature/Incorporator/SAMMY L. BUTLER


Date

FILED
04 JAN 28 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA