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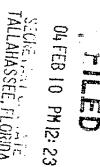
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# TRANSMITTAL LETTER

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

SUBJECT:(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	
₩ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	FROM: Michael Ferraro Name (Printed or typed)			
		Mile Rd Suite E	,	
	Pensacola FL 32534 City, State & Zip			
	850-475-4100  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 SOLUTIONS INC** 

## ARTICLE II PRINCIPAL OFFICE

The principal place of business / mailing address is: 9175 MAGNOLIA SPRINGS RD PENSACOLA PL 32526

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any business or activity not prohibited by law.

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V REGISTERED AGENT

The name and Florida Street address of the registered agent is: ROBERT BISOP 9175 MAGNOLIA SPREMOS RD PENSACOLA FL 32526

The above is accepting the designation as registered agent.

### INCORPORATOR

The name and address of the Incorporator is: ROBERT BISOP 9173 MAGNOLIA SPRINGS RD PENSACOLA FL 32526

### ARTICLE VI NAME AND ADDRESS OF DIRECTORS/OFFICERS

ROBERT BISOP - PRESIDENT - 9175 MAGNOLIA SPRINGS RD PENSACOLA FL. - OWNERSHIP 100%

Signature / Incorporator

Date