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TRANSMITTAL LETTER

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

	RAL RAIN TECHNOLOGIES INC (PROPOSED CORPORA'	TE NAME ~ <u>MUST INCL</u>	UDE SUFFIX)
closed are an ori	ginal 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	Status
		ADDITIONAL CU)PY REQUIRED
		ADDITIONAL CC	OPY REQUIRED
FROM:	LARRY MCDANIEL		DPY REQUIRED
FROM:		(Printed or typed)	DPY REQUIRED
FROM:			
FROM:	Name		DPY REQUIRED
FROM:	Name 1424 GREEN COVE AVENUE A GREEN COVE SPRINGS, FLOR	(Printed or typed) ddress. RIDA 32043	
FROM:	Name 1424 GREEN COVE AVENUE A GREEN COVE SPRINGS, FLOR	(Printed or typed)	

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

The name of the corporation shall be:

NATURAL RAIN TECHNOLOGY INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 1424 GREEN COVE AVENUE, GREEN COVE SPRINGS, FLORIDA 32043

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: WATER CONSERVASTION AND PROPERTY AND STORM WATER POLLUTION CONTROL

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LARRY MCDANIEL (PRESIDENT)

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KENNETH L. WRIGHT SR. 718 ANN BONNEY DRIVE GREEN COVE SPRINGS, FLORIDA 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARRY MCDANIEL

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

Signature/Incorporator