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TRANSMITTAL LETTER

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

SUBJECT: A	CONSTRUCTION OF CORPOR	realment of Es	louid A Fra	
/	(PROPOSED CORPORA	ite name – <u>Must Incl</u>	UDK SUFERS)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	A \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Robert ty	(Printed or typed)		
Timon, Fla. 33618 City, State & Zip				

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

AQUA PRO WATER TREATMENT OF FLORIDA, INC.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2400 SHIRECREST COVE

LUTZ, FL. 33558

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:

Robert Lyons

2901 W. BUSCH BLVD.

SUITE # 500

Tampa, FL. 33618

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of incorporation are: JOAN HEATH 2400 SHIRECREST COVE

LUTZ, FL. 33558

Signature/Incorporator

Date

(An additional article must be added if an affective 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 status 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

Date

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