

PD4000171451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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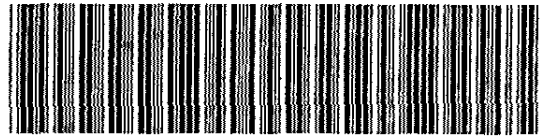
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. 12/2

## TRANSMITTAL LETTER

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

**SUBJECT:** LIQUID FORCE - COMMERCIAL, 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:** JOEL A SHOR, CPA

Name (Printed or typed)

16130 RIO DEL PAZ

Address

DELRAY BEACH, FL 33446

City, State & Zip

561.499.3500

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:

LIQUID FORCE - COMMERCIAL, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10379 STONEBRIDGE BLVD.  
BOCA RATON, FL 33498

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES AND MARKETING

### ARTICLE IV SHARES

The number of shares of stock is:

5000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK MAZZA, PRESIDENT  
10379 STONEBRIDGE BLVD.  
BOCA RATON, FL 33498

### ARTICLE VI REGISTERED AGENT

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

FRANK MAZZA  
10379 STONEBRIDGE BLVD.  
BOCA RATON, FL 33498

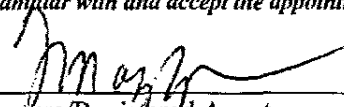
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


FRANK MAZZA  
10379 STONEBRIDGE BLVD.  
BOCA RATON, FL 33498

\*\*\*\*\*

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

12/20/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/20/04  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA