

P05000157262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

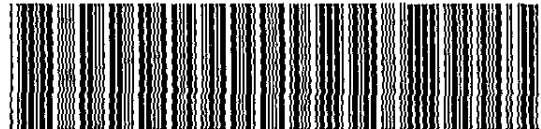
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: EXPLORATION OF WATER & DRILLING CORP.
(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: MIGUEL ANGEL PINO

Name (Printed or typed)

3627 PONCE DE LEON BLVD.

Address

CORAL GABLES FL. 33134

City, State & Zip

305-804-9473

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:

EXPLORATION OF WATER & DRILLING CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3627 Ponce de Leon Blvd. Coral Gables, FL. 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MIGUEL ANGEL PINO
3627 PONCE DE LEON BLVD.
CORAL GABLES, FL. 33134

ARTICLE VI REGISTERED AGENT

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

MIGUEL ANGEL PINO
3627 PONCE DE LEON BLVD.
CORAL GABLES, FL. 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL ANGEL PINO 3627 PONCE DE LEON BLVD. CORAL GABLES. FL 33134

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

Miguel A. Pino
Signature/Registered Agent

Miguel A. Pino
Signature/Incorporator

NOVEMBER 21/05

Date

NOVEMBER 21/05

Date

FILED

2004 NOV 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA