Po6000127557

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/2ip/1 Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



100080413281

10/04/06--01013--011 **87.50

EFFECTIVE DATE

SECRETARY OF STATE

PIVISION OF COPPORATION:

COVER LETTER

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

SUBJECT:	Five Star Dewatering,	Inc. Te name – <u>must incli</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Kimberly Nich			
	Ormand Beach, City,	<i>FL 32174</i> State & Zip		
386-676-0264 Daytime Telephone number				

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

Simple Signature (Control of the Control of the Con	,
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE DIVISION OF CORPORATIONS
ADDICI DI MAND	UIVISION OF CORPORATE
ARTICLE I NAME The name of the corporation shall be:	06 nrt _1
Five Star Dewatering, Inc.	06 OCT -4 AM 7: 54
The Star Stwarding!	EFECTIVE DATE
ARTICLE II PRINCIPAL OFFICE	10-1-06
The principal place of business/mailing address is:	· 1117
36 Pebble Beach Drive, Ormond Beach, FL	32174
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	Las social by this
The general purpose Inature of the business to be	Transacted M
Corporation is to transact any lawful business in the State	of Morida.
ARTICLE IV SHARES	#
The number of shores is one hundred (100) shares of	common short and shor
having the parvalue of One Dollar (\$1.00) per share. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	Common Stren, each stre
T 1 4 () 11 () 1 () () () () () () (5 SOUTH I POSSING
Kimberly Nichols / 36 Pebble Beach Or, Ormand Beach	1, 1-1, 30119 1 17, 150
David Michols 36 Pebble Beach Or., Ormond Beach, Fr	2 30174/ VICE-PRESIDENT,
	1, 3
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the regis	tered agent is:
	-
Kimberly Nichols 36 Pebble Beach Or., Ormano	prain, it com
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	20174
Kimberly Nichols 36 Rebble Beach Dr., Ormand Beach, F	1 32117
,	

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mully	Whole	10-2-06
Signature/Registered Agent	Date	
Mully	Whole	10-2-06
Signature/Incorporator	Date	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

OF OCT -4

AN 7:

ARTICLE VIII EFFECTIVE DATE

The clar this business is to be in effect in the State of Florida is October 1, 2006 (10-1-06)