

PC 7000033218

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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2007 MAR 15 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2007

ELOY ALICEA  
P.O. BOX 882051  
PORT SAINT LUCIE, FL 34988

SUBJECT: MASTER STREAM BACKFLOW INC.  
Ref. Number: W07000011144

We have received your document for MASTER STREAM BACKFLOW INC.. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

List the name of the registered agent in Article VI.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 207A00015849

RECEIVED  
07 MAR 15 AM 10:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## COVER LETTER

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

SUBJECT: Master Stream Backflow 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: Eloy Alicea  
Name (Printed or typed)

4626 S.W. Ott Court  
Address

Port Saint Lucie, FL. 34953  
City, State & Zip

772 618-3207  
Daytime Telephone number

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

FILED  
2007 MAR 15 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Master Stream Backflow Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4626 S.W. Ott Court, Port Saint Lucie, FL. 34953

Mailing Address: P.O. Box 882051, Port Saint Lucie, FL. 34988

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Testing and Repair of backflows

**ARTICLE IV SHARES**

The number of shares of stock is:

100%

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Owner: Eloy Alicea

4626 S.W. Ott Court

Port Saint Lucie, FL. 34953

**ARTICLE VI REGISTERED AGENT**

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

Eloy Alicea

4626 S.W. Ott Court

Port Saint Lucie, FL. 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Eloy Alicea: 4626 S.W. Ott Court

Port Saint Lucie, FL. 34953

Mailing Address: P.O. Box 882051 Port Saint Lucie, FL. 34988

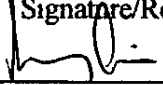
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Signature/Registered Agent

03/11/07

Date

  
Signature/Incorporator

03/11/07

Date