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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

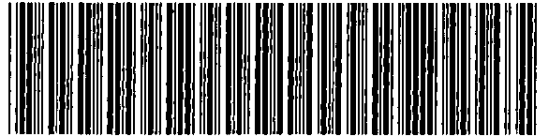
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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09 JAN 26 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 1/27/09

**COVER LETTER**

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

SUBJECT: SENTINEL WATER 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: JOHN N BURDEN  
Name (Printed or typed)

391 AVENIDA MADRA  
Address

SARASOTA FL 34242  
City, State & Zip

941-806-7020  
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:

SENTINEL WATER INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

391 AVENIDA MADERA  
SARASOTA, FL. 34242

**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: 100

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

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

JOHN N. BURDEN  
391 AVENIDA MADERA  
SARASOTA, FL. 34242

**ARTICLE VI REGISTERED AGENT**

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

391 AVENIDA MADERA JOHN N BURDEN  
SARASOTA, FL 34242

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


JOHN N BURDEN  
391 AVENIDA MADERA  
SARASOTA, FL 34242

\*\*\*\*\*

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

1/20/09  
\_\_\_\_\_  
Date

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

1/20/09  
\_\_\_\_\_  
Date

FILED  
09 JAN 26 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA