

PD9000018851

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Special Instructions to Filing Officer:

~~1051-7404~~

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13/2



300143354563

02/13/09--01016--001 **78.75

FILED

2009 FEB 27 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RAINDROPS CISTERN'S 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 MADERA
Address

SARASOTA, FL 34242
City, State & Zip

941-806-7020
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

JOHN N. BURDEN
391 AVENIDA MADERA
SARASOTA, FL 34242

SUBJECT: RAINDROPS CISTERNs INC.
Ref. Number: W09000007404

We have received your document for RAINDROPS CISTERNs INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P07000086474 - RAIN DROPS CISTERBS INC..

Please return 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
Regulatory Specialist II

Letter Number: 809A00005419

2/23/09

FILED
2009 FEB 27 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Florida Department of State

Attn: Loria Poole, Regulatory Specialist II

Frm: John N Burden / Charles E. VerMilyea

RE: Letter Number: 809A00005419- Raindrops Cisterns Inc. Ref# W09000007404

Corporate Disssolution: Rain Drops Cisterns Inc.- Document # P07000086474

Dear Loria,

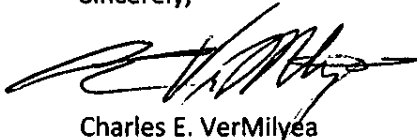
Please be advised that I, Charles E. VerMilyea, am the past president of Rain Drops Cisterns, Inc. Doc. # P07000086474, a corporation that was dissolved on February 16th, 2009.

I am now the president of , Raindrops Cisterns Inc. , Reference # W09000007404, along with John N. Burden, Vice President.

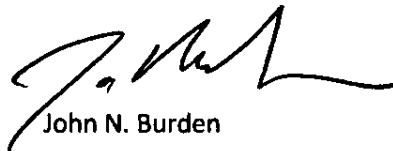
Please allow for Raindrops Cisterns Inc. Reference # W09000007404, to be the designated name for our new corporation.

Thank you for your cooperation in this matter, please contact me at 813-838-1417 should you have any further issues with this matter.

Sincerely,



Charles E. VerMilyea



John N. Burden

FILED

2009 FEB 27 PM 12:05

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:

RAINDROPS CISTERN'S 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: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHARLES E. VERMILYEA - PRESIDENT
1649 B. BAYSHORE RD.
NOKOMIS, FL. 34275

JOHN N. BURDEN - VICE PRESIDENT
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:

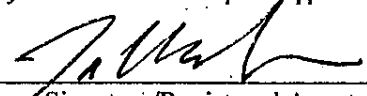
JOHN N. BURDEN
391 AVENIDA MADERA
SARASOTA, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES E. VERMILYEA
1649 B. BAYSHORE RD.
NOKOMIS, FL 34275

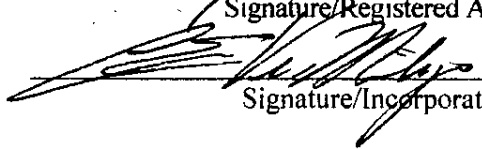
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-10-09

Date



Signature/Incorporator

2-10-09

Date