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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
TOWN MARSES. FLORIDA
SECRETARY OF STATE
TALL AHASSEE FLORIDA

Office Use Only

TRANSMITTAL LETTER

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

| SUBJECT: | |
|--------------------------------|--|
| Enclosed is an original and or | ne (1) copy of the Certificate of Domestication and a check for: |
| FEES: | |
| Certificate of Domes | tication \$50.00 |
| | ation and Certified Copy \$78.75 |
| OPTIONAL: | |
| Certificate of Status | \$ 8.75 |
| FROM: | Tom Crowley |
| PROM. | Name (printed or typed) |
| | 3103 81st Court East, Suite 108 |
| | Address |
| | Bradenton, FL 34211 |
| | City, State & Zip |
| | (941) 748-9900 |
| | Daytime Telephone Number |

CERTIFICATE OF DOMESTICATION Thomas Crowley The undersigned, (Name) integrated Drainage Solutions, Inc. (Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify: March 22 1. The date on which corporation was first formed was 2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the state of Illinois 3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Integrated Drainage Solutions, Inc. 4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Integrated Drainage Solutions, Inc. 5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was the state of Illinois 6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801. I am President of Integrated Drainage Solutions, Inc. and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of (Authorized Signature) Filing Fee: Certificate of Domestication \$50.00

Articles of Incorporation and Certified Copy

Total to domesticate and file

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

<u>ARTICLE I NAME</u>

THE NAME OF THE CORPORATION SHALL BE: Integrated Drainage Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3103 81st Court East, Suite # 108 Bradenton, FL 34211

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Professional Corporation

<u>ARTICLE IV</u> SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Thomas Crowley - President - 3103 81st Court East, Suite #108 Bradenton, FL 34211

<u>ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Thomas Crowley - 3103 81st Court East, Suite #108 Bradenton, FL 34211

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Thomas Crowley - 3103 81st Court East, Suite #108 Bradenton, FL 34211

| Having been named as registered agent and 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. | | | |
|---|---------|--|--|
| 16 16 hay | 2/18/09 | | |
| Signature/Registered Agent | Date | | |
| | 2/18/09 | | |
| Signature/Incorporator | Date | | |

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PARTICIPATION OF THE PARTICIPA