

PD9000074011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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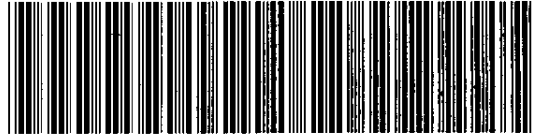
(Business Entity Name)

(Document Number)

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09 AUG 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

File 2nd

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

SUBJECT: DRAINMASTER 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: BARBARA A. MACWILLIAM
Name (Printed or typed)

2195 N. KINGS HWY.
Address

FORT PIERCE, FL. 34951
City, State & Zip

772/461-8989

Daytime Telephone number

BMACW@AOL.COM

E-mail address: (to be used for future annual report notification)

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

08252009

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

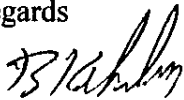
Dear Sirs:

I wish to dissolve the Corporation #P04000113461, in the Name of DrainMaster Inc.(See attached Articles of Dissolution).

I have no intention of revoking this voluntary dissolution and authorize the release of the Corporate name: DrainMaster Inc. to Barbara MacWilliam (See attached Articles of Incorporation).

Any questions please call me at 772/559-9108.

Regards

A handwritten signature in black ink, appearing to read "B Kehrberg", written in a cursive style.

Bob Kehrberg

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: DRAINMASTER INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2195 N. KINGS HWY.
FT. PIERCE, FL. 34951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BARBARA A. MACWILLIAM - PRESIDENT
2195 N. KINGS HWY
FORT PIERCE, FL. 34951

ARTICLE VI REGISTERED AGENT

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

BARBARA A. MACWILLIAM
2195 N. KINGS HWY
FORT PIERCE, FL. 34951

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA A. MACWILLIAM
2195 N. KINGS HWY
FORT PIERCE, FL. 34951

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/ Incorporator

8.25.2009

Date

Signature/Incorporator

Date