

P10000047303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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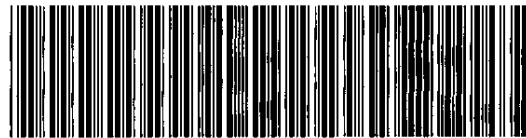
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUN -3 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-4-10 CB

COVER LETTER

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

SUBJECT: TruBlue Water Systems 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: Merylanne Gotterup

Name (Printed or typed)

P.O. Box 485

Address

Homosassa Springs, FL 34447

City, State & Zip

(352) 503-2304

Daytime Telephone number

trubluewater@yahoo.com

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

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:

TruBlue Water Systems Inc

ARTICLE II PRINCIPAL OFFICE

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

11 Moser Court North

Homosassa, FL 34446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To market and sell water conditioners.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Merylanne Gotterup	Dawn S. Robb
P.O. Box 485	1531 West Mansfield Street
Homosassa Springs, FL	Lecanto FL 34461
34447	

ARTICLE VI REGISTERED AGENT

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

Jason Loehr

11 Moser Court North

Homosassa, FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Merylanne Gotterup


P.O. Box 485

Homosassa Springs, FL 34447

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



Signature/Incorporator

6/1/10
Date

6/1/10
Date

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TALLAHASSEE, FLORIDA