# P10000072264

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L07- 29046 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  W1-36380

Office Use Only



400183090434

Cert of Conv. brom lic to Inc.

07/30/10--01014--018 \*\*105.00

P10-72264

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SECRETARIL OF STATE

N. CAUSSEAUX

SEP - 2 2010

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Water Optimizer LLC
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Nancy Barnes, Paralegal
Contact Person
Carey, O'Malley, Whitaker & Mueller, P.A.
Firm/Company
712 South Oregon Avenue
Address
Tampa, FL 33606-2516 City, State and Zip Code
nbarnes@cowmpa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Barnes, Paralegal at ( 813 ) 250-0577
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2010

NANCY BARNES 712 SOUTH OREGON AVE. TAMPA, FL 33606-2516

SUBJECT: WATER OPTIMIZER LLC

Ref. Number: W10000036380

We have received your document for WATER OPTIMIZER LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6094.

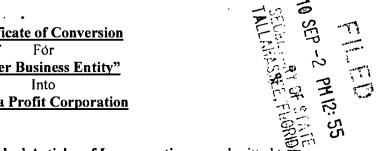
Agnes Lunt Regulatory Specialist II

Letter Number: 310A00018695

### **Certificate of Conversion** Fór

## "Other Business Entity"

#### Florida Profit Corporation



This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Bus of Conversion is:	siness Entity" im	mediately prior	to the filing o	f this Certificate
	Water Optin	nizer LLC	L07-	29046
E	nter Name of Oth	er Business Ent	tity	
2. The "Other Business Entity (Enter entity type. Example general partnership)	mple: limited lia	bility company,	limited partn	ership,
first organized, formed or incor	rporated under th	e laws of	Florida	
-	or if a non-U.S. e			<u>')</u>
on	March 16	, 2007		
Enter date "Other Busi			formed or in	corporated
3. If the jurisdiction of the "Ot the laws of which it is now org.			ed, the state of	country under
4. The name of the Florida Pro Incorporation:	ofit Corporation a	s set forth in the	attached A	rticles of
	Water Optimi	zer, Inc.		
Ente	er Name of Floric	la Profit Corpor	ation	
5. If not effective on the date of (The effective date: 1) cannot document is filed by the Flori effective date listed in the attatherein.)	t be prior to nor ida Department	more than 90 of State; <u>AND</u>	days after th 2) must be tl	ne same as the

Signed this _	26	_day of	July	, 20 10		
Required Sig	<u>znature</u>	for Florida	Profit Corporati	ion:		
C:	OL :	Vies Obs	4	260	- 1 4	
Signature of	nairma ا	in, vice Cha	rman/Director,	Officer, or, if Directors or Officers	s nave not	
Drinted Name	, an ince	orporator:	chard Title:	CFO	<del></del>	
Timed Name	/·	arries A. Or	Chard I ille.	CFO	<del></del>	
	nature(	s) on behalf	of Other Business	Entity: [See below for required		
signature(s).]	1	111				
Signature:	A-	THU W				
Printed Name	James	A Orchar	1	Title: Manager	<del></del>	
- (			· · · · · · · · · · · · · · · · · · ·	Title. ividilagei	<del></del>	
Signature:	franc	wed.	i Come			
Printed Name				Title: Manager	<del></del>	
Printed Name	:			_ Title:		
Signature:						
Printed Name				Title:		
Signature:		<del></del>				
Printed Name	·			_ Title:		
Signature:						
Printed Name	:			_ Title:		
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			<u>r Limited Liabilit</u>	y Partnership:		
Signature of o	ne Gene	ral Partner.				
If Florida Lir	nited De	ertnarchin a	· I imitad I iabilit	y Limited Partnership:		
Signatures of				y Limited I ai thership.		
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If Florida Lir				֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֡֓֡֓֡֓֡֓֡֓֡	3S	البطاء
Signature of a	Membe	r or Authoriz	ed Representative.		元	E [
All othores				Ş		-101-171 Made
All others: Signature of a	n author	ized nerson			7 P	
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Fees:					PH I2: 55 OF STATE	
	icate of	Conversion:		\$35.00	関語ら	
Fees f	or Flori	da Articles o	f Incorporation:	\$70.00	-	
	ied Cop		-	\$ 8.75 (Optional)		
Certif	icate of	Status:		\$ 8.75 (Optional)		

# 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:

WaterOptimizer, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4921 Memorial Highway, Suite 300, Tampa, FL 33634

#### 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:

19,500,000

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

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

James A. Orchard, CFO

Thomas M. O'Connor, CEO/Chairman

Keith A Appenzeller, President

(Same address for all) 4921 Memorial Highway, Suite 300, Tampa, FL 33634

#### ARTICLE VI REGISTERED AGENT

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

James A. Orchard

4921 Memorial Highway, Suite 300

Tampa, FL 33634

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

James A. Orchard

4921 Memorial Highway, Suite 300

Tampa, FL 33634

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

July 26 , 2010

Date

July 26 , 2010

Date