

P10000084830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

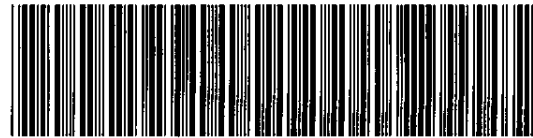
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/15/10--01025--004 \*\*79.75

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10 OCT 15 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 10/18/10

## COVER LETTER

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

SUBJECT: TIDAL ENERGY SYSTEMS CORPORATION  
(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: DOUGLAS BEDGOOD  
Name (Printed or typed)  
733 LOVE LN  
Address  
KEY WEST, FL 33040  
City, State & Zip  
305- 849- 1625  
Daytime Telephone number  
douglas @ aquatherapeutics.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: TIDAL ENERGY SYSTEMS CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6000 SHRIMP ROAD  
KEY WEST, FL 33040

733 LOVE LANE  
KEY WEST, FL 33040

**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: 100,000,000 WITH PAR VALUE OF \$ 0.10 PER SHARE

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

Name and Title: DOUGLAS BEDGOOD  
Address: PRESIDENT  
733 LOVE LN  
KEY WEST, FL 33040

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: WALTER SHURTENBERGER  
Address: TREASURER  
6100 SHRIMP RD  
KEY WEST, FL 33040

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

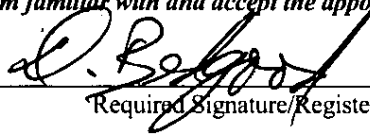
Name: DOUGLAS BEDGOOD  
Address: 733 LOVE LN  
KEY WEST, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

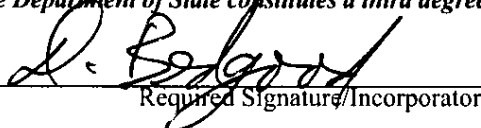
Name: DOUGLAS BEDGOOD  
Address: 733 LOVE LN  
KEY WEST, FL 33040

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

  
Required Signature/Registered Agent

10/12/2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

10/12/2010  
Date