

P110000046697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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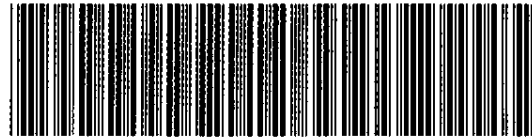
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
5-18-11

COVER LETTER

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

SUBJECT: ACCURATE LEAK DETECTION 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: Nathan Weston

Name (Printed or typed)

1219 Swan St

Address

Winter Springs, FL 32708

City, State & Zip

407-671-2060

Daytime Telephone number

leaky2@hotmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2011 MAY 16 PM 2:30

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

Dept of State
Div of Corporations
POB 6327
Tallahassee Fl
32314


Hi folks

Im the Owner of Accurate Leak Detection (INC) and this is a quick note to clear up any confusion.

We are trying to reinstate the same corporate name and identity that I dissolved on
6/20/2010 doc# P04000172681 Ein 593428256

Everything else remains the same.

Sincerely
Nathan Weston
President
Accurate Leak Detection

 5/4/11

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:

ACCURATE LEAK DETECTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1219 Swan St
Winter Springs, Fl 32708

Mailing address, if different is:

POB 4995
Winter Park, Fl 32793

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Swimming pool service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nathan Weston president</u>	Name and Title: _____
Address: <u>1219 swan st</u>	Address: _____
<u>Winter Park, fl 32708</u>	_____
<u>spring</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Nathan Weston
Address: 1219 swan st
Winter springs, fl 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nathan Weston
Address: 1219 swan St
Winter Springs Fl 32708

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

5/16/11
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

5/16/11
Date

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SECRETARY OF STATE