

P13000082226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

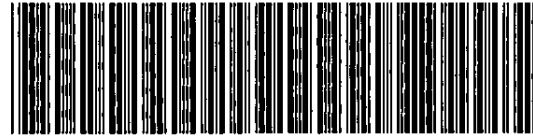
(Business Entity Name)

(Document Number)

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

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FILED  
13 OCT -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
10/7/13

**COVER LETTER**

Department of State  
New Filing Section  
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 MacWilliam**

Name (Printed or typed)

**2195 North Kings Highway**

Address

**Fort Pierce, Florida 34951**

City, State & Zip

**772-538-9575**

Daytime Telephone number

**bmacw5@gmail.com**

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

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

093013

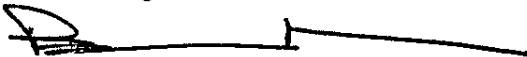
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: Corporation P09000074011/Drainmaster Inc.

To Whom it May Concern:

I am closing the above corporation Document number P09000074011 named, Drainmaster Inc. and I am releasing the name Drainmaster Inc. to myself, (Barbara MacWilliam) to open a new corporation. ~~(Please see attached documents)~~. I will not be reinstating the corporation P09000074011..

Kindest Regards



Barbara A. MacWilliam

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: DrainMaster Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2195 North Kings Highway

Fort Pierce, Florida 34951

Mailing address, if different is:

**FILED**  
**13 OCT -4 PM 3:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

Name and Title: Barbara A. MacWilliam-President

Address: 2195 North Kings Hwy.

Fort Pierce, Fl 34951

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

Address: \_\_\_\_\_

Name and Title: Robert C. Kehrberg-Treasurer

Address: 2195 North Kings Hwy.

Fort Pierce, Fl 34951

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: **FILED**  
Address: \_\_\_\_\_ Address: **13 OCT -4 PM 3:00**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**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:

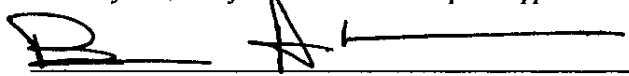
Name: Barbara A. MacWilliam  
Address: 2195 North Kings Hwy  
Fort Pierce, Fl 34951

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Barbara A. MacWilliam  
Address: 2195 North 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*

  
Required Signature/Registered Agent

9-30-13  
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

9-30-13  
Date