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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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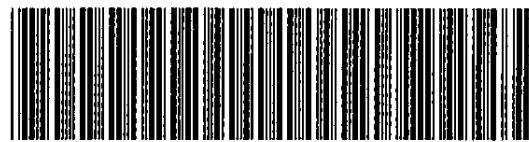
(Business Entity Name)

(Document Number)

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

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SUMMARY OF STATE  
DIVISION OF CORPORATIONS  
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11/13/13  
JAN

## COVER LETTER

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

**SUBJECT: AQUA ACTION, 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: \_\_\_\_\_

**MOUSTAFA ABOUTALEB**

Name (Printed or typed)

**3327 E. Paula Lane**

Address

**Inverness, FL 34453**

City, State & Zip

**(352) 476-4382**

Daytime Telephone number

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

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**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: **AQUA ACTION, INC.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3327 E. PAULA LANE

INVERNESS, FL 34453

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Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **for operation of a business and all lawful purposes.**

**ARTICLE IV SHARES** **100**

The number of shares of stock is:

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

Name and Title: **MOUSTAFA ABOUTALEB**

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

Address

**3327 E. PAULA LANE**

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

**INVERNESS, FL 34453**

**TITLE: P, VP, SEC., T.**

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

Address

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

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

Address

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

(cont.)

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: MOUSTAFA ABOUTALEB  
Address: 3327 E. PAULA LANE  
INVERNESS, FL 34453

#### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RHONDA PORTWOOD  
Address: 101 N. OSCEOLA AVE.  
INVERNESS, FL 34450

*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*

Moustafa Aboutaleb  
\_\_\_\_\_  
Required Signature/Registered Agent

11/4/13  
\_\_\_\_\_  
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.*

Rhonda Portwood  
\_\_\_\_\_  
Required Signature/Incorporator

11/4/13  
\_\_\_\_\_  
Date

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