

P14 600098659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC -9 PM 1:14

*12/10/14*

*12/10/14*

Office Use Only

## COVER LETTER

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

**SUBJECT:** AQUATECK WATER TREATMENT 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: MIGUEL RAMOS  
\_\_\_\_\_  
Name (Printed or typed)  
  
3706 29TH ST. SW  
\_\_\_\_\_  
Address  
  
LEHIGH ACRES FLORIDA 33976  
\_\_\_\_\_  
City, State & Zip  
  
239-369-8943  
\_\_\_\_\_  
Daytime Telephone number  
  
MIGPR1@CENTURYLINK.NET  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

The name of the corporation shall be: \_\_\_\_\_

Principal street address

**Mailing address, if different is:**

TO CONDUCT SALES AND SERVICES

The purpose for which the corporation is organized is:

14 DEC -9 PM 1:14  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

The number of shares of stock is:

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: MIGUEL RAMOS

Address: 3706 29TH ST. SW

LEHIGH ACRES FL.33976

**ARTICLE VII INCORPORATOR**

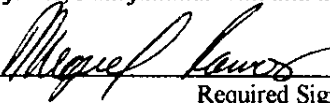
The **name and address** of the Incorporator is:

Name: MIGUEL RAMOS

Address: 3706 29 TH ST. SW

LEHIGH ACRES FL.33976

*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*

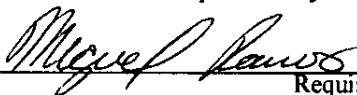


Required Signature/Registered Agent

12/02/2014

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

12/02/2014

Date