

P 150000044389

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(City/State/Zip/Phone #)

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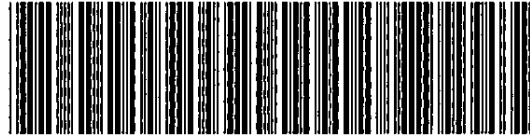
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15 MAY 18 AM 11:49  
SECRETARY OF STATE  
ALLAHABAD, INDIA

## COVER LETTER

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

**SUBJECT:** ALVIN JOHNSON WELL DRILLING & SPRINKLER 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:** ALVIN JOHNSON

Name (Printed or typed)

19616 NW 29 AVENUE

Address

MIAMI GARDENS, FLORIDA 33056

City, State & Zip

305-624-3922

Daytime Telephone number

unclej23@gmail.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: ALVIN JOHNSON WELL DRILLING & SPRINKLER INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19616 NW 29 AVENUE

MIAMI GARSENS, FLORIDA 33056

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To drill water wells, install and repair lawn sprinkler systems,  
install pumps and water systems.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Alvin Johnson/ President

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

Address 19616 NW 29 Avenue

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

Miami Gardens,

Florida 33056

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Alvin Johnson  
Address: 19616 NW 29 Avenue  
Miami Gardens, Florida 33056

**ARTICLE VII INCORPORATOR**

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

Name: Alvin Johnson  
Address: 19616 NW 29 Avenue  
Miami Gardens, Florida 33056

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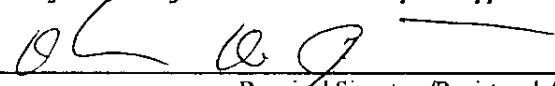
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

May 14, 2015

\_\_\_\_\_  
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

May 14, 2015

\_\_\_\_\_  
Date