P16000030052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

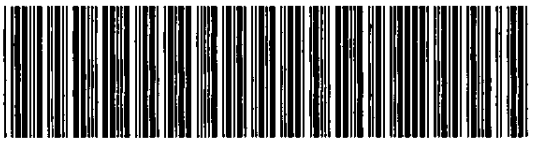
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200283912802

03/30/16--01015--004 **70.00

FILED
16 MAR 30 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TLK
4-5-16

COVER LETTER

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

SUBJECT: AERATOR SYSTEMS USA 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: DONALD WILLIAMS
Name (Printed or typed)

P.O. BOX 101656
Address

CAPE CORAL, FL 33910
City, State & Zip

239-565-0852
Daytime Telephone number

(WILL ADVISE)
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: AERATOR SYSTEMS USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
4375 EAST ARLINGTON STREET (UNIT 11)	P.O. BOX 101656
INVERNESS, FL - 34453	CAPE CORAL, FL 33910

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

WATER TREATMENT BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 2,000

FILED
16 MAR 30 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CINDY SPRINGSTON, PRESIDENT	Name and Title:
Address 4085 E. ALLENDALE ST.	Address:
INVERNESS, FL 34453	
Name and Title: DONALD WILLIAMS, TREASURER	Name and Title:
Address 137 S.W. 10th PLACE	Address:
CAPE CORAL, FL 33991	
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: DONALD WILLIAMS

Address: 137 S.W. 10th PLACE

CAPE CORAL, FL 33991

FILED
16 MAR 30 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: DONALD WILLIAMS

Address: 137 S.W. 10th PLACE

CAPE CORAL, FL 33991

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

Donald Williams — Required Signature/Registered Agent

3-25-16 — 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.

Donald Williams — Required Signature/Incorporator

3-25-16 — Date