Division of Corporations Electronic Filing Cover Sheet

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	To:	Division of Corporations Fax Number : (850)617-63	381			
	From:	Account Name : C T CORPORA Account Number : FCA00000000 Phone : (850)205-86 Fax Number : (850)878-5	3 42			
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Electronic Filing Menu

Corporate Filing Menu

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7/8/14

COVER LETTER

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

HydroWise, Inc.

S \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
Jen FROM:	Jennifer Tasevoli				
	Name (Printed or typed)				
900	Merchants Concourse Suite 405				
		Address			
We	stbury, NY 11590				
	Cit	ty, State & Zip	 		
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	Dayume ascarlet@gmail.com	•	5 J.		

7/7/2016 3:23:50 PM From: To: 8506176381(3/4)

ARTICLES OF INCORPORATION 16 JUL -7 AM 7: 57 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Melbourne, FL 32940		Melbourne, FL 32940			
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	REGISTERED AGENT		
ine name and P	lorida street address (P.O. Box NOT accepts	ble) of the registered agent is:	. 250°
Name: -	NRAI Services, Inc.		5
Address:	1200 South Pine Island Road	• •	
	Plantation, FL 33324.		
			The state of the s
ADTICI E VII	NICORDAR ATOR	•	
	<u>INCORPORATOR</u>		異様 ゼ
The <u>name and a</u>	ddress of the Incorporator is:	•	응해 5
Name:	Brent Buscay		
Address:	9120 Double Diamond Pkwy		
Address:	Reno, NV 89521		•
ė	Keno, NV 69321	•	
•			
	EFFECTIVE DATE:		•
	f other than the date of filing: date is listed, the date must be specific and	, (OPTIONAL)	
days after the f	iling.)	CREBOL DE HIUTE CHAN IIVE DUSIDESS QU	iys prior or yo business
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the document's	e inserted in this block does not meet the appl effective date on the Department of State's rea	icable statutory filing requirements, thi	s date will not be listed as
	arrange and out the propulation of State 210.		
Having been na	med as registered agent to accept service of p	rocess for the above stated corporation	n at the place designated in
this certificate, I	am familiar with and accept the appointmen	as registered agent and agree to act in	this capacity
By:	NRAI Services, Inc.	rekvisa -	7/7/2016
	Required Signature/Registered Age	nt /	Date
I enhante ship da			
document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false e felony as provided for in s.817.155. F	injormation submitted in a ?.S.
	Z-Z		7/7/2016
. D	uired Signature/Incorne	· · · · · · · · · · · · · · · · · · ·	
. Koqi	uired Signature/Incorporator		Date