Pnoocolelele45

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chary Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Charter Section

Division of Cor	porations				
SUBJECT: H2O GEOS	OLUTIONS LLC				
3003EC1	Name of	Resulting Flor	ida Profit	Corporation	
	e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Busines 15, F.S.	ŝŝ
Please return all corresp	nondence concerning this	s matter to:			
MICHAEL HAGEN					
	Contact Person				
HAGEN LAW FIRM					
	Firm/Company		_		
5290 SUMMERLIN COM	MMONS WAY STE 1003				
	Address				
FORT MYERS FL 33907	7				
	City, State and Zip Code	2			
INFO@MIKEHAGEN.C	OM				
E-mail address: (t	o be used for future annu	ial report notif	ication)		
For further information	concerning this matter,	please call:			
MICHAEL HAGEN		_at (<u></u>	275-08	808	
Name of Co	ontact Person	Area	Code and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		New F Divisio P. O. L	ANG ADDRESS: illings Section on of Corporations Box 6327 assec, FL 32314	

For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Co	onversion	is:	
H2O GEOSOLUTIONS, LLC 112-3F013			
Enter Name of Other Business Entity			
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY			
(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)	1		
first organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the country)			
MARCH 13, 2012			
Enter date "Other Business Entity" was first organized, formed or incorporate	:d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	zs of whi	ch it is	now
NOT CHANGED			
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> H2O GEOSOLUTIONS, INC.	on:		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t listed as the document's effective date on the Department of State's records.			
			
Page 1 of 2		7 AUS -3 AH IO:	Tr.
	<u> </u>	<u>.</u>	: 그

Signed thisday of	, 20	···········
Required Signature for Florida Profit Corpo	oration:	
Signature of Chairman, Vice Chairman, Director Incorporator: Noch B. Kugler P. Printed Name: NOAH B. KUGLER D.G. Tille:	or, Officer, or, if Directors or Officers ha	ve not been selected, an
Required Signature(s) on behalf of Other Bu		- · · · · ·
Signature: Mrl B The	 -	
Printed Name:NOAH B. KUGLER	Title: MEMBER	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	······································	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited L. Signature of one General Partner.	iability Partnership:	
If Florida Limited Partnership or Limited L Signatures of ALL General Partners.		
If Florida Limited Liability Company: Signature of a Member or Authorized Represer	stative.	
All others: Signature of an authorized person.		
Fees: Certificate of Conversion:	\$35.00	17 A

Page 2 of 2

\$8.75 (Optional) \$8.75 (Optional)

\$70.00

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status:

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of business/mailing address is:	
Principal street address 1905 SW 13TH LANE	Mailing address, if different is:
CAPE CORAL FL 33991	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ALI, LEGAL PURPOSES	
	17 AUG - 8
	<u> </u>
ARTICLE IV SHARES	
The number of shares of stock is:	- AH 10: 42 - 10: 42 - 10: 42
ADMINITER VICTORIAL OPPINIONS AND OR DID	924 ±
ARTICLE V INITIAL OFFICERS AND/OR DIRI	<u>ECTORS</u> Dr. 19
Name and Title: DIRECTOR	Name and Title:
Address: 1905 SW 13TH LANE	Address
Address:	Address:
CAPE CORAL FL 33991	
Name and Title:	Name and Title:
Name and True.	
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NOT ac	eceptable) of the registered agent is:
Name:	MICHAEL S. HAGEN	
Address:	5290 SUMMERLIN COMMONS WAY	
	STE 1003 FT MYERS FL 33907	
ARTICL	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	NOAH B. KUGLER	
Address:	1905 SW 13TH LANE	
	CAPE CORAL FL 33991	
		************************************ of process for the above stated corporation at the place designated in the timent as registered agent and agree to act in this capacity
	Marker Treyor	8-7-2017
	Required Signature/Registered Agent	Date
	his document and affirm that the facts stated he to the Department of State constitutes a third of	herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
	1/02B 2/1	8-5-2017
	Required Signature Ancorporator	Date

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18 PERSON NORIDA