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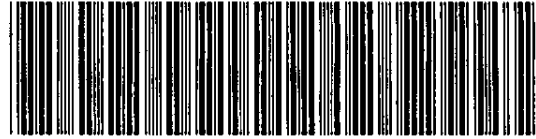
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 MAR 29 PM 1:03  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

January 25,-2018

JAMES VANDER GRIEND  
4532 ANDOVER WAY H-104  
NAPLES, FL 34112

SUBJECT: AQUA ASSETS LLC CORP  
Ref. Number: W18000007886

We have received your document for AQUA ASSETS LLC CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 318A00001688

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Agua Assets LLC Corp  
(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: James Vander Griend  
Name (Printed or typed)

4532 Andover Way H-104  
Address

Naples, FL 34112  
City, State & Zip

612 719 9222  
Daytime Telephone number

jim@novagua.net  
E-mail address: (to be used for future annual report notification)

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

# NOVAQUA SCIENCE CORP

## 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: ~~NOVAQUA SCIENCE CORP.~~  
~~NOVAQUA SCIENCE CORP.~~  
~~NOVAQUA ASSETS LLC CORP~~

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4532 Andover Way H-104  
Naples, FL 34112

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: plumbing retrofits  
for apartments, schools, health facilities  
and senior living apartments

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James VanderGriend Pres. Name and Title: \_\_\_\_\_

Address 4532 Andover Way H-104 Address: \_\_\_\_\_  
Naples FL 34112

Name and Title: ~~President~~ Name and Title: \_\_\_\_\_

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

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

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

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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: James Vander Griend  
 Address: 4532 Andover Way H-104  
Naples, FL 34112

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: James Vander Griend  
 Address: 4532 Andoverway H-104  
Naples FL 34112

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-1-2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

James Vander Griend  
 Required Signature/Registered Agent

1-18-18  
 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.*

James Vander Griend  
 Required Signature/Incorporator

1-18-18  
 Date