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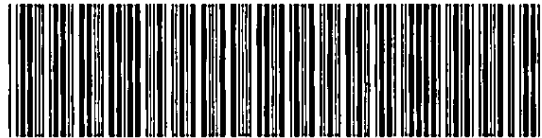
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T. SCOTT



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TALLAHASSEE, FLORIDA

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

SUBJECT: True Alkaline Water, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Maria L. Kagels
Name (Printed or typed)

P.O. Box 17494
Address

Clearwater, FL 33762-0494
City, State & Zip

(727) 313-7974
Daytime Telephone number

emdhie63@yahoo.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: True Alkaline Water, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8141 43rd Street N.

P.O. Box 17494

Pinellas Park, FL 33781

Clearwater, FL 33762-0494

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To participate in any and all legal activities, as directed by the Corporate Officers and/or the Corporate Board of Directors.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares - No Par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria L. Kagels ~~Name and Title:~~ President

Address: 8141 43rd St. N.

Address:

Pinellas Park, FL

33781

Name and Title:

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: Maria L. Kagels, Pres.
Address: 8141 43rd Street N.
Pinellas Park, FL 33781

ARTICLE VII INCORPORATOR

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

Name: Maria L. Kagels, Pres.
Address: 8141 43rd Street N.
Pinellas Park, FL 33781

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 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

M. Kagels, Pres. 08-06-2018
Required Signature/Registered Agent 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.

M. Kagels, Pres. 08-06-2018
Required Signature/Incorporator Date