# P18000071594

	questor's Name)		
(Re	questors name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
Special instructions to	riling Officer.		
		l	





300316610173

08/07/18--01004--L13 \*\*12-.1:

18 AUG 21 AM 10: 35
SECRETARY OF STATE
FALL AHASSEE, FLORIBA

AUG 2 2 2018 T SCHROEDER

#### **COVER LETTER**

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

SUBJECT: CERTIFICATE OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

#### FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

#### **OPTIONAL:**

Certificate of Status

\$ 8.75

#### **AARON RUSWICK**

Name (printed or typed)

1755 S. NAPERVILLE RD., SUITE 200

Address

WHEATON, IL 60189

City, State & Zip

630-221-1755

Daytime Telephone Number

## ARUSWICK@HUCKBOUMA.COM

E-mail address: (to be used for future annual report notification)

#### **CERTIFICATE OF DOMESTICATION**

Th	e undersigned. DEREK BIBA	PRESIDENT		
	(Name)	(Title)	, , , , , , , , , , , , , , , , , , , ,	
of	TEST GAUGE AND BACKFLOW SUPPLY INC	· a foi	eign corporation.	
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby			
1.	The date on which corporation was first formed was JUL	Y 13	2000	
2.	The jurisdiction where the above named corporation was f came into being was ILLINOIS	irst formed, incorpora	nted, or otherwise	
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was TEST GAUGE AND BACKFLOW SUPPLY INC.			
4.	The name of the corporation, as set forth in its articles of i		ed pursuant to	
	s. 607.0202 and 607.0401 with this certificate is	C.		
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 2587 MILLENNIUM DR., UNIT K2, ELGIN, IL 60124			
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	he domestication requ	uirements pursuant	
l ar	PRESIDENT of TEST GAUGE AND BAC	KFLOW SUPPLY	'INC.	
anc	am authorized to sign this Certificate of Domestication on	behalf of the cornora	tion and have done	
	his the 1ST day of AUGUST		2018	
	(Authorized Signature			
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified ( Total to domesticate and file	\$ 50.00	18 AUG 21 AM 10: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

#### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

#### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TEST GAUGE AND BACKFLOW SUPPLY INC.

JNIT 105			
Principal Address 103 LENA RD.  JNIT 105			
JNIT 105	Mailing Address		
	5103 LENA RD.		
RADENTON, FL 34211	UNIT 105		
	BRADENTON, FL 34211		
RTICLE III PURPOSE			
IE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IN NY LAWFUL PURPOSE OR PU			
THE ENVIOL FOR OUR FO	TREUSES.		
	TAL SE		
	LUGELIKRY OF SIATE AND SEEL FLORID		
	AUG 21 AM 10: 3 AHASSEE, FLORID		
	ੂੰ <del>ਵੇਂ</del> ਸਿ		

ARTICLE IV SHARES		10.000	
THE NUMBER OF SH		10,000	

### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name DEREK J. BIBA	Title/Name DIRECTOR
Title/Name	Title/Name
DEREK J. BIBA	PRESIDENT
DEREK J. BIBA	SECRETARY
DEREK J. BIBA	TREASURER
Title/Name	Title/Name
	18 AUG SEGREL FALLAHA
Title/Name	Title/Name Title/Name

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

DEREK J. BIBA 5103 LENA RD., UNIT 105 BRADENTON, FL 34211

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MICHAEL J. MARSHALL

1755 S. NAPERVILLE RD., SUITE 200

WHEATON, IL 60189

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

1111

Signature/Incorporator

8/1/18

Date

8/1/18

Date

18 AUG 21 AM D: 35
SELNLINKY OF STATE
TALLAHASSEE, FLORIDA