

pa000000aia 49

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000079494 3)))



H200000794943ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION AQUAPURGE INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

FILED

2020 MAR 10 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 AM 11:33

2020 MAR 10 AM 11:33

2020/11/11/2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Aquapurge Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2250 SW 3rd AveUnit 204Miami, FL 33129**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Ruben Lazaro Simpson (P)

SECRETARY OF STATE
FALLAH ASSET FLORIDA

2020 MAR 10 AM 2:56

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ruben lazaro Simpson2250 SW 3rd Ave Unit 204Miami FL 33129**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ruben Lazaro Simpson2250 SW 3rd Ave Unit 204Miami FL 33129

Required Signatures:

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

Hellen F. Simpson 3/10/2020
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.

Hellen F. Simpson 3/10/2020
Incorporator Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 AM 2:56

FILED