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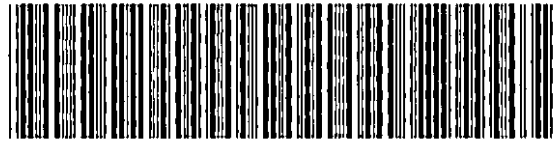
(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## SAFEGUARD WATER SYSTEMS, INC

nature

tested by: SETH

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Date

Time

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Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
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Fictitious Name File \_\_\_\_\_  
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Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
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## COVER LETTER

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

SUBJECT: SAFEGUARD WATER SYSTEMS, INC.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: M. VINCENT PAZIENZA, ESQ.

Name (Printed or typed)

7031 BENJAMIN ROAD, SUITE A

Address

TAMPA, FLORIDA 33634

City, State & Zip

813.949.9595

Daytime Telephone number

VINCENT@PAZLAW.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: SAFEGUARD WATER SYSTEMS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7031 BENJAMIN ROAD, SUITE A  
TAMPA, FLORIDA 33634

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RISING STAR IRREVOCABLE TRUST, PTSD

Name and Title:

Address 7031 BENJAMIN ROAD, SUITE A

Address:

TAMPA, FLORIDA 33634

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2001 JAN 28 PM 2:18

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: PAZLAUW \_\_\_\_\_

Address: 23110 STATE ROAD 54, #277 \_\_\_\_\_

LUTZ, FLORIDA 33549 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: RISING STAR IRREVOCABLE TRUST \_\_\_\_\_

Address: 7031 BENJAMIN ROAD, SUITE A \_\_\_\_\_

TAMPA, FLORIDA 33634 \_\_\_\_\_

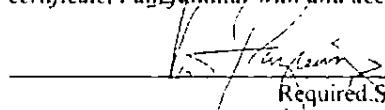
**ARTICLE VIII EFFECTIVE DATE:**

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.

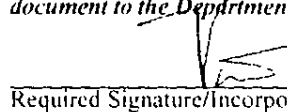
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

JANUARY 27 2021

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
AS TRUSTEE FOR RISING STAR IRREVOCABLE TRUST  
Required Signature/Incorporator

JANUARY 27 2021  
\_\_\_\_\_  
Date