

P95000035341

TRANSMITTAL LETTER

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

00000146.1526
04/20/95-01000-001
*****70.75 *****70.75

SUBJECT: NATURAL Spring WATER Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

RICHARD L. MATRICARIA
Name (printed or typed)

11916 S.W. 43RD ST.
Address

DAVIE FL. 33330
City, State & Zip

305-527-5061
Daytime Telephone number

DMP 5/5/95

502

FILED
95 MAY -5 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 26, 1995

RICHARD L. MATRICARIA
11916 S.W. 43RD STREET
DAVIE, FL 33330

SUBJECT: NATURAL SPRING WATER, INC.
Ref. Number: W95000008898

We have received your document for NATURAL SPRING WATER, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 795A00019726

ARTICLES OF INCORPORATION

FILED

95 MAY -5 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATURAL Spring WATER by MAT

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

NATURAL Spring WATER by MAT Inc.

ARTICLE I NAME

The name of the corporation shall be:

NATURAL Spring WATER by MAT Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11916 S.W. 43RD ST.
DAVIE, FL. 33330

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares of One Dollar per value Common
STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RICHARD L. MATRICARIA
11916 S.W. 43RD ST.
DAVIE, FL. 33330

ARTICLE V INCORPORATOR(S)

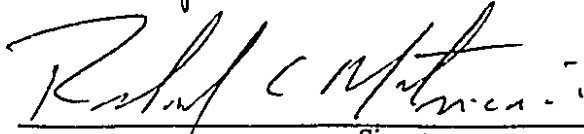
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RICHARD L. MATRICARIA
11916 S.W. 43RD ST.
DAVIE, FL. 33330

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of April, 1995.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

95 MAY -5 AM 10:36

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NATURAL Spring WATER by MAT Inc

2. The name and address of the registered agent and office is:

RICHARD L. MATRICARIA
(NAME)

11916 S.W. 43RD ST.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAVIS FL. 33330
(CITY/STATE/ZIP)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Richard L. Matricaria
(SIGNATURE)

4-17-95
(DATE)