P96000003635

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

FROM:

SUBJECT:	- Waterlied	Sw	Technics	Low
			porate name)	

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

<u>.</u>	•
Ralph Taidi	
Name (printed or typed)	Ġ
1870 N. State Road 7 Ste 100	٠ کر
Address	•
mourgate Fl. 33063 City, State, & Zip /	
City, State, & Zip	
<u>954)</u> 969-1800	
Telephone Number	

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

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ARTICLES OF INCORPORATION

OF

Waterbed Service Technics, Ina.

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.

ARTICLE I NAME

The name of the corporation shall be:

waterled Service Fechnics, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1870 N. Starte Road 7 Ste 100 Margate, El. 33063 ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ralph Yardi 1870 N. State Road 7 Ste 100 margata, Fl. 33063

ARTICLE V INCORPORATORISI

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

PALITH TARDI 1870 N. State Rd 7 Sube 100 Margate, Fel. 33063

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

day of January 1996;

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF 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: Waterbed Sru Lechnics Inc.
2.	The name and address of the registered agent and office is:
	Ralph Pardi (Name)
	(Name) 1870 N. State Kd 7 Ste 100 (P.O. Box not acceptable)
	margate, El. 33063 (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.

(Signature)