

P96000038259

TRANSMITTAL LETTER

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

SUBJECT: Advanced Water And Rescue Equipment
(Proposed corporate name - must include suffix)

Incorporated

800001801878
-04/30/96--01110--008
****131.25 ****131.25

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: Suzanne Allie
Name (printed or typed)

2813 Aston Avenue
Address

Plant City, FL 33567
City, State & Zip

(813) 752-8080

Daytime Telephone number

5/3/96
TO

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

ARTICLES OF INCORPORATION

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:

Advanced Water And Rescue Equipment

, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

2813 Aston Avenue
Plant City, FL 33567

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Suzanne M. Allie
2813 Aston Avenue
Plant City, FL 33567

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):

Chris Arnold 635 Garland Street North St. Petersburg, FL 33703

Suzanna Allio 2813 Anton Avenue, Plant City, FL 33567

Norma Woods 2801 56th Lane North, St. Petersburg, FL 33701

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

22nd day of April, 1996.

(An additional article must be added if an effective date is requested.)

Suzanna M. Allio
Signature

Signature

Signature

Notarization is not required

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**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Advanced Water And Rescue Equipment
Incorporated

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

Suzanna M. Allio

(NAME)

2813 Aston Avenue

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plant City, FL 33567

(CITY/STATE/ZIP)

FILED
66 APR 29 11:19:07
TALLAHASSEE, FLORIDA

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.

Suzanna M. Allio
(SIGNATURE)

4/22/96
(DATE)

P96000038259

Suzanne Allie
Requestor's Name

2813 Nelson Ave
Address

Plant City, FL 33507
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100001935571
-08/29/96--01036--004
****122.50 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
03 AUG 29 PM 2:48
TALLAHASSEE, FLORIDA
SH 9/1

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

I, Suzanne Allie, hereby resign as Vice President
(Title)
of Advanced Water and Rescue Equipment, Incorporated
(Name of Corporation)
a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

Suzanne Allie
(Signature of resigning officer/director)

FILED
05/19/99 PM 2:48
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P96000038259

Suzanne Allie
Requester's Name
2313 Astor Ave.
Address
Plant City, FL 33567
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. no return address
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-08/29/96--01036--004
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FILED
SEP 29 PM 2:46
TALLAHASSEE, FLORIDA
SH 9/1

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Suzanne M. Allie
(Name of registered agent)

hereby resigns as Registered Agent for Advanced Water & Rescue Equipment, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Suzanne Allie
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

P96000038259

OFFICE USE ONLY (Document #)

(City, State, Zip) (Phone #)

200002020882--1
-12/05/95--01039--024
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Will Wait ☐ Pick up time _____

☐ Certified Copy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 DEC -2 AM 10:05

APPROVED
AND
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
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<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

OH

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: ADVANCED WATER AND RESCUE
EQUIPMENT INCORPORATED.

1b. The mailing address of the corporation is : 635 GARLAND ST. NO.
ST. PETERSBURG, FLORIDA 33703

1c. Date of Incorporation: APRIL 29, 1996 Document number: P96000038259

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

CHRIS ARNOLD
635 GARLAND ST. NO.
ST. PETERSBURG, FL 33703

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

CHRIS ARNOLD
635 GARLAND ST. NO.
ST. PETERSBURG, FL 33703

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board.

Chris Arnold
(Signature of an officer, chairman or
vice chairman of the board)

11-26-96
(Date)

CHRIS ARNOLD, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Chris Arnold
(Signature of Registered Agent)

11-26-96
(Date)

If signing on behalf of an entity:

CHRIS ARNOLD, PRESIDENT
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC -2 AM 10:03

APPROVED
AND
FILED