TRANSMITTAL LETTER Division of Co. P. O. Box 6327

--0 019 22.50

Tallahassee, FL 32314		100	-01/06/97010610 -01/06/97010610 *****122.50
SUBJECT:	Watercon Corpora	ation :	
SUBSECT:	(Proposed corpora	te name - must include suff	ix)
Enclosed is an original a	and one(1) copy of the articles	s of incorporation and a c	check for :
[T] #70.00	C) 670 75	⊠ \$122.50	□ \$131.25
\$70.00	□ \$78.75	Filing Fee	Filing Fee,
Filing Fee	Filing Fee & Certificate	& Certified Copy	Certified Copy
	& Centroate	ac Certifical Copy	& Certificate
		ADDITIONAL CO	į
			LAHA DRC DEC
FROM:wat	ercon Corporation Name (Printed	or tuned)	· (-)
	rame (ramed	or typedy	26 ASSE
.	5020 Bruce Lane		EC P FI
Addres		SS	STA STA
			2: 53 ORIDA
(Oviedo, Florida 327	65 .	,
	City, State		
			. K
	(407) 366-4112		<i>X</i> ()\
	Daytime Teleph	one number	<u></u>
	\ /	(X Y
	13/2/	N [*]	
NOTE:	Please provide the origin	al and one copy of the	articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 17, 1996

WATERCON CORPORATION 5020 BRUCE LANE OVIEDO, FL 32765

SUBJECT: WATERCON CORPORATION Ref. Number: W96000026489

We have received your document for WATERCON CORPORATION and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

Please return the enclosed check for \$122.50 or a newly issued check with your corrected document.

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) 487-6934.

Letter Number: 196A00056237

Loria Poole Corporate Specialist

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:

Watercon Corporation

ARTICLE II PRINCIPAL OFFICE

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

5020 Bruce Lane Oviedo, Florida 32765

ARTICLE III SHARES

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

One thousand (1,000) shares common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert A. Koskela 5020 Bruce Lane Oviedo, Florida 32765

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):

Robert Andrew Koskela 5020 Bruce Lane Oviedo, Florida 32765

Pamela B. Koskela 5020 Bruce Lane Oviedo, Florida 32765

ARTICLE VI EFFECTIVE DATE The effective date of this corporation shall be:

January 1, 1997

The unde	ersigned	incorporator(s) has(have) executed t	hese Articles of Incorporation this
lst	day of	December ,199	<u>6</u> .
(An addit	ional art	icle must be added if an effective da	te is requested.)
		Signatu	re
		Signatu	ıre
		Signati	ire

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:			
2.	The name and address of the registered agent and office is:			
	Robert Andrew Koskela	z. .		
	(NAME)	38	98	
	5020 Bruce Lane	CRET/ AHA	DEC 26	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	SSI	26	-
	Oviedo, Florida 32765	Y OF SI	PH 2:	
	(CITY/STATE/ZIP)	REC	: 53	Secret of the second
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ce az re	Taving been named as registered agent and to accept service of process for orporation at the place designated in this certificate, I hereby accept the appoint gent and agree to act in this capacity. I further agree to comply with the provis elating to the proper and complete performance of my duties, and I am familiar will bligations of my position as registered agent.	ment a ions of	s regi all si	istered tatutes
_	(SIGNATURE) D/1/96 (DATE)			