# 98000000950

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

200002388622---7 -01/02/98--01092--005 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed i	s an oriç	ginal and one (1) copy of the articles of incorporation	n and our	· che	ck
for \$ <u>70.</u>	00		SEC	98	
ē.			AHASS	JAN -2	
FROM:		Bill's Sprinkler System Inc. Name (printed or typed)	. FOR S	AMI	
<b>4.</b> /		Address Spring Hill FL. 3460L City, State, & Zip	)TATE ORIDA	: 55	<b>*</b>
		(352) 683-9233 Telephone Number			

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

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#### **ARTICLES OF INCORPORATION**

**QE** 

Bill's Sprinkler System Inc.

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:

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Bill's Sprinkler System Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

7172 Toucan Trail Spring Hill, FL. 34606

#### ARTICLE III CAPITAL STOCK

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BerthA Holley 7172 Toucan Trail Spring Hill, FL. 34606

#### ARTICLE V INCORPORATOR(S)

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

Bertha Holley 1172 Toucan Trail Spring Hill, FL. 34606

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

30 Th

day of December, 19 97.

Betha Hally
Signature

Signature

Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

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2. The nam	ie and a	ddress of	the regist	ered agen	t and offic	ce is:			
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		_	(NAME	,			· · · · · · · · · · · · · · · · · · ·	·	
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HAVING BE	EN NA	MED AS	REGISTE	RED AGE	NT AND	TO ACC	EPT	ਹਜ਼ੇ ₹VICI	E OF
PROCESS F	FICATE,	I HEREB	Y ACCEP	CORPORA T THE API	TION AT T POINTME	THEPLAC	E DESIG	אואדנ	ED IN

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 & Batha Zaeley
DATE \* 12-30-97