1990 RAMITAIDE 46145

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

500002530025----05/20/98--01050--010 ****122.50 ****122.50

SUBJECT: Include suffix) SUBJECT: Tradustrial Pump & Meter, Include suffix)				
			·	
Enclosed is an original a	nd one(1) copy of the articles	s of incorporation and a c	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee Certified (& Certific	e, Copy
		ADDITIONAL CO	PY REQUIR	ÆD
FROM:	Pamela Name (Pr	Post- inted or typed)		
4049 NW 90 Ave				EFFECTIVE DATE
	Sunrise	FL 333.	<u> 51 </u>	5-25-98
	(954) 463.	- Lock 3 elephone number		98 MAY SECRETA TALLAHAS

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

QN 5-22-98

ARTICLES

OF

INCORPORATION



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

5-25-98

ARTICLE I

The name of the Corporation shall be INDUSTRIAL PUMP & METER, INC.

ARTICLE II

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

4049 N.W. 90th Avenue Sunrise, Florida 33351

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100).

ARTICLE IV

The name and Florida street address of the initial registered agent are:

Pamela Post 4049 N.W. 90th Avenue Sunrise, Florida 33351

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Pamela Post 4049 N.W. 90th Avenue Sunrise, Florida 33351

ARTICLE VI

The effective date of this corporation shall be May 25, 1998.

Pamela Post, Incorporator

Date

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.

Pamela Post, Registered Agent

Date

EFFECTIVE DATE

5-25-98

98 MAY 20 AM 8: 50
SECRETARY OF STATE
FALLAHASSEE FI ORIDA