

P98000079330

TRANSMITTAL LETTER

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

600002633516--0
-09/08/98--01041--013
*****78.75 *****78.75

SUBJECT: AQUA ABS, INC.

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

O \$70.00
Filing Fee

✓ \$78.75
Filing Fee & Certificate

O \$122.50
Filing Fee
& Certified Copy

O \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Todd Berger
810 63rd Avenue N.
St. Petersburg, FL 33702
(813) 522-3070

FILED
98 SEP -8 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

F. CHESSEY SEP 15 1998

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.

ARTICLE I NAME

The name of the corporation shall be: AQUA ABS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6530-1 Cap Hatteras Way NE, St. Petersburg, Florida 33702.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Todd Berger, 810 63rd Avenue N., St. Petersburg, FL 33702

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Todd Berger, 810 63rd Avenue N., St. Petersburg, FL 33702

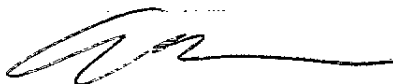


Signature/Incorporator

9/4/98

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent



Signature/Registered Agent

9/4/98

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA