# 0002888

### Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone Fax Number

: (305)541-3694 : (305)541-3770

### FLORIDA PROFIT CORPORATION OR P.A.

AQUASEAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION OF AQUASEAL SYSTEMS, INC.

I, the undersigned incorporator of this corporation under Florida Statute 607, as amended, do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

### ARTICLEI

The name of this corporation is:

### AQUASEAL SYSTEMS, INC.

The mailing address for the Corporation is:

12230 Forest Hill Blvd., Suite 110I, Wellington, FL 33414

# 99 MAR 30 AN II: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PURPOSE AND NATURE OF BUSINESS

The purposes of this corporation and general nature of the business to be conducted are as follows:

A. To engage in any business activity or endeavor which is lawful under the laws of the State of Florida, and the United States of America.

# ARTICLE III DURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the date of execution and acknowledgment of these Articles of Incorporation.

# ARTICLE IV CAPITAL STOCK

The maximum number of shares of stock which this corporation is authorized to have

THIS INSTRUMENT PREPARED BY:
MAYNARD J. HELLMAN, ESQUIRE,
FLORIDA BAR NO. 137411
150 S. PINE ISLAND ROAD, SUITE 500
PLANYATION, FLORIDA 33324
(305) 448-8282 - wiephore
(305) 443-2176 - fax

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outstanding at any one time is one million (1,000,000) shares of Common Stock, each share having \$.01 common par value.

# ARTICLE V INITIAL CAPITAL CONTRIBUTION

The amount of capital with which this corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars.

### ARTICLE VI SUBSCRIBERS

The name and address of the subscriber of these Articles of Incorporation and the number of shares he has elected to take are as follows:

SUBSCRIBER

**ADDRESS** 

NUMBER OF SHARES

Maynard J. Hellman

150 S. Pine Island Road, Suite 500

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Plantation, FL 33324

### ARTICLE VII DIRECTORS

The initial number of Directors of this corporation shall be one (1). The number of Directors may either be increased or decreased from time to time by a vote of the stockholders in conformity with the By-Laws of the Corporation but shall never be less than one (1).

# ARTICLE VIII INITIAL BOARD OF DIRECTORS

The name and address of the member of the initial Board of Directors who, subject to the provisions of the Certificate of Incorporation, the By-Laws and the Corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until his successor is elected and qualified, is:

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NAME

**ADDRESS** 

Scott Thompson

12230 Forest Hill Blvd. Suite 110J Wellington, FL 33414

# ARTICLE IX VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

# ARTICLE X PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE XI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 150 S. PINE ISLAND ROAD, SUITE 500, PLANTATION, FLORIDA 33324, and the name of the initial Registered Agent of this corporation at that address is MAYNARD J. HELLMAN.

# ARTICLE XII INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

DATED this 261H day of March, 1999.

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STATE OF FLORIDA		)
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COUNTY OF BROWARD		)

BEFORE ME, the undersigned authority, personally appeared MAYNARD J. HELLMAN, to me well known to be the person described in and who executed the foregoing Certificate of Incorporation, and who acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Plantation, Broward County, Florida, this 26th day of March, 1999.

Notary Public, State of Florida at Large

My Commission Expires:

SHIRLEY SMITH
My Comm Bop. 5/20/99

ROTARY
Bonded By Service Ins
No. CC447022

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### AOUASEAL SYSTEMS, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE PURPOSES OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON PROCESS
MAY BE SERVED
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:
FIRST, THAT AQUASEAL SYSTEMS, INC. IS DESIRING TO ORGANIZE OR QUALIFY
UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF
BUSINESS AT THE CITY OF CORAL GABLES, STATE OF FLORIDA, HAS NAMED MAYNARD
J. HELLMAN, ESQUIRE, AT 150 S. PINE ISLAND ROAD, SUITE 500, PLANTATION, STATE OF
FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.
Signature: SCOTT THOMPSON
Title: Director
Date: March 26, 1996
Having been named to accept services of process for the above stated corporation, at the place
designated in this certificate, I hereby agree to act in this capacity, and I further agree comple with
the provisions of all statutes relative to the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the provisions of all statutes relative to the proper and complete performance of my difficulty of the provisions of all statutes relative to the proper and complete performance of my difficulty of the provisions of all statutes relative to the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the proper and complete performance of my difficulty of the performance of the perfor
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