

P99000088/24

TRANSMITTAL LETTER

September 23, 1999

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT -4 AM 9:18

FILED

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

500003003565-8

-10/04/99-01032-004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Gaw Irrigation, Inc.

I enclose an original and 1 copy of the Articles of Incorporation  
for the above corporation and a check in the amount of \$78.75.

SIGNED:

Mike Gaw 9-23-99

From:

Michael Thomas Gaw  
Name

211 Lake Shore Blvd.  
Address

St. Cloud  
City

Florida  
State

34769  
Zip

(407)-891-7272  
Telephone Number

OK 10/16/99

ARTICLES OF INCORPORATION

OF

Gaw Irrigation, Inc.

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SECRETARY OF STATE  
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ARTICLE I NAME

The name of the corporation shall be: Gaw Irrigation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Gaw Irrigation, Inc.

211 Lake Shore Blvd.

St. Cloud, FL 34769

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
100 shares of the par value of \$1 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael Thomas Gaw

211 Lake Shore Blvd.

St. Cloud, FL 34769

ARTICLE V INCORPORATOR

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

Michael Thomas Gaw

211 Lake Shore Blvd.

St. Cloud, FL 34769

The undersigned has executed these Articles of Incorporation this 15th day of October 1999.

 7-23-99  
\_\_\_\_\_  
Michael T. Gaw, Incorporator

CERTIFICATE OF DESIGNATION

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:

Gaw Irrigation, Inc.

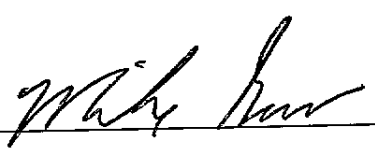
2. The name and address of the registered agent and office is:

Michael Thomas Gaw

211 Lake Shore Blvd.

St. Cloud, FL 34769

Signature: \_\_\_\_\_



Title: President, Treasurer, Secretary

Date: \_\_\_\_\_

9-23-99

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TALLAHASSEE, FLORIDA

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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.

Signature: \_\_\_\_\_

