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**P2500004418**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Brian@BlackhawkLI.com

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Aquavue Technologies Corp.**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Aquavue Technologies Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 900 NW 6th St  
Mailing address, if different is: Ft Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Engelmann, President  
Address: 900 NW 6th St  
Ft Lauderdale, FL 33311

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Brian Engelmann

Address: 900 NW 6th St

Ft Lauderdale, FL 33311

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is:

Name: Brian Engelmann

Address: 900 NW 6th St

Ft Lauderdale, FL 33311

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

/s/ Brian Engelmann

01/24/2025

Required Signature/Registered Agent

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

/s/ Brian Engelmann

01/24/2025

Required Signature/Incorporator

Date

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