

N11000002183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

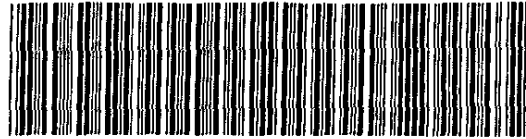
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/11--01011--002 **87.50

FILED
11 MAR - 1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/4

COVER LETTER

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

SUBJECT: Aqua Fontis Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Hector Christopher Lans

Name (Printed or typed)

101 Madeira Ave

Address

Coral Gables, FL 33134

City, State & Zip

305-648-0777

101 Madeira Ave Telephone number

hlcstock@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
11 MAR -1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE I NAME Aqua Fontis Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
101 Madeira Ave.
Coral Gables, FL 33134
Tel: 305-648-0777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will raise money through donations and events to help people in poorer countries get clean drinking water.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The founder and President of the company (Hector Lans) will interview and elect directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Hector Christopher Lans - President & Founder	Name and Title:	
Address:	101 Madeira Ave	Address:	
	Coral Gables, FL 33134		
	Tel: 305-648-0777		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

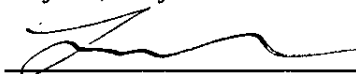
Name: Hector Christopher Lans
Address: 101 Madeira Ave.
Coral Gables, FL 33134
Tel: 305-648-0777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Christopher Lans
Address: 101 Madeira Ave.
Coral Gables, FL 33134
Tel: 305-648-0777

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



Required Signature of Registered Agent

2/24/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

2/24/2011

Date