

NIL 00000380

(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



400210334734

07/27/11--01014--013 \*\*78.75

FILED  
2011 NOV -3 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

426  
611-38660  
505  
624  
619

## COVER LETTER

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

SUBJECT: Gift of PediAquatics corp.  
(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  
Already Paid

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Sarah Dodge  
Name (Printed or typed)

2211 Whitehurst Ave  
Address

Homosassa FL 34448  
City, State & Zip

352 - 586 - 6695  
Daytime Telephone number

PediAquatics @ yahoo.com  
E-mail address: (to be used for future annual report notification)

2011 NOV - 3 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Gift of Pediaquatics corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2211 Whitehurst Ave  
HOMOSASSA FL 34448

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Raise funds to provide grants for underprivileged children  
to be able to have life saving self rescue swim lessons  
through Pediaquatics inc.

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

Directors will be elected in manners stated in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sarah Dodge Owner

Address: 2211 Whitehurst Ave  
HOMOSASSA FL  
34448

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sarah Dodge

Address: 2211 Whitehurst Ave  
HOMOSASSA FL 34448

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sarah Dodge

Address: 2211 Whitehurst Ave  
HOMOSASSA FL  
34448

FILED  
2011 NOV -3 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Sarah Dodge

Required Signature of Registered Agent

Nov 1, 2011

Date

Sarah Dodge

*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.*

Sarah Dodge

Required Signature of Incorporator

Nov 1, 2011

Date

Sarah Dodge