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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

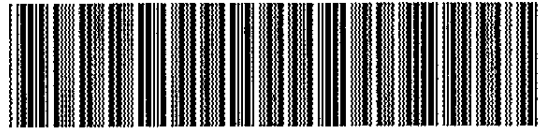
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: WET ILLUSIONZ INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: RAUL E. RODRIGUEZ- "WET ILLUSIONZ INC."  
Name (Printed or typed)

7922 Grand Ave.

Address

Port Richey Fl. 34668

City, State & Zip

(727) 243-5170

Daytime Telephone number

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

**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:

WET ILLUSIONZ INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7922 Grand Ave- Port Richie Fl. 34668

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AUTO BODY PAINT & CUSTOMIZING

**ARTICLE IV SHARES**

The number of shares of stock is: ONE THOUSAND (1,000) Shares of one Dollar (1.00) per value common stock, which shall be designated " Common Shares".

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

List name(s), address(es) and specific title(s):

Raul E. Rodriguez-Director & President-36181 E.Lake Rd.#420-Palm Harbor Fl.  
34668.

David Cambell- Director & Vice-President- 5344 Mile Strech Rd.Holliday Fl.  
34668

Julie Mickel-Director/ Treasurer & Secretary-36181 E. Lake Rd.#420 Palm  
Harbor Fl.34668

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

RAUL E. RODRIGUEZ  
36181 E. Lake Rd. # 420  
PALM HARBOR FL. 34685

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RAUL E. RODRIGUEZ  
7922 Grand Ave.  
PORT RICHIE FL. 34668

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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

Raul Rodriguez  
Signature/Registered Agent

2/26/04  
Date

\_\_\_\_\_  
Signature/Incorporator

/ Raul Rodriguez  
(President)  
\_\_\_\_\_  
Date