## P0400006937=

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Cusiness Estitutions)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## TRANSMITTAL LETTER

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

closed are an orig	inal and one (1) copy of the art  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		(Printed or typed)	
	P.O. Box 1125. Jacksonville	Address  L  State & Zip	
	904) 762-6 Daytime	D 928 Telephone number	

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



April 20, 2004

REBA CRAIG P.O. BOX 11252 JACKSONVILLE, FL 32239

SUBJECT: WALK ON WATER PHOTOGRAPHY, INC.

Ref. Number: W04000015221

We have received your document for WALK ON WATER PHOTOGRAPHY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan Document Specialist New Filings Section

Letter Number: 204A00026030

	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
``	ARTICLE I NAME  The name of the corporation shall be:
	Walk on Water Photography, Inc.
	ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:
	P.O. Box 11252 Jacksonville, FL. 32239
	ARTICLE III PURPOSE
<u>ب</u>	The purpose for which the corporation is organized is: This corporation is organized For the purpos Transacting any and all Lawful Business
_	ARTICLE IV SHARES
	The number of shares of stock is:
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Reba (raig Præsident & Secretary of Treasury  4543 Whispering Inlet Dr.
	Jacksonville, FL, 32277
	ARTICLE VI REGISTERED AGENT
	The <u>name and Florida street address</u> of the registered agent is:
	REBA CRAIG.
	4543 WHISPERING INLET DR.
	JACKSONVIILE FL 32277
	The <u>name and address</u> of the Incorporator is:
	Reba Craig Inlet Dr.
	Reba Craig  1543 Whispering Inlet Dr.  Jacksonville 1FG 32277  *********************************
	Dack 500011e [
	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
	Signature/Registered Agent    Y   12   04     Pate
	1/12/04
	Signature/Incorporator / RECISTERED AVENT Date

. . ARTICLES OF INCORPORATION

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