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TRANSMITTAL LETTER

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

SUBJECT: <i>[</i>	Luatit Bliss Proposed corpora	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Brian Bliss	(Printed or typed)	04 SEP 20

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

À		M. A. S. M.		
4,	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:			
	· Aquatic Bliss, INC			
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			•
	4923 Bortelt, rd Holiday 34690	FL		
	ARTICLE III PURPOSE			
	The purpose for which the corporation is organized is:			
æ	tivity or business Permited und ARTICLE IV SHARES The number of shares of stock is: 1500 common Sheares Par	erthe hav	ation ma of the Sta	ry engo te offlorid
	ARTICLE V INITIAL OFFICERS AND/OR D	, ,		
	List name(s), address(es) and specific title(s):	IRECTORS	*. *	S
	Brian Bliss			S E
		_		- 10
	4923 Barteltod Holiday	FL.		5 _ :
	34690			
	ARTICLE VI REGISTERED AGENT			<u>.</u>
	The name and Florida street address (P.O. Box NOT ac	ceptable) of the regist	ered agent is:	
	Brian Rice	- · · · -	_	4-7
	Brian Bliss 4923 Bartel	+ Holiday	FL. 346	10
	ARTICLE VII INCORPORATOR			
	The <u>name and address</u> of the Incorporator is:			
	Brian Bliss 4923 Barte	It Holidax	FL 39690	>
	**************************************	for the above stated corp		************** designated in this
	Brean Blos		9/14/04	<u>/</u>
	Signature/Registered Agent		Date	
	Brue RL		9/16/06	/
	Signature/Incorporator	<u> </u>	Date	