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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -6 AM 8:36

B. McKnight JUN 07 2005

TRANSMITTAL LETTER

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

SUBJECT: WATERFALL SERVICES 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: BODE (Tom) POPOLKA
Name (Printed or typed)

P.O. BOX 152251
Address

CAPE CORAL FL. 33915
City, State & Zip

239-994-0180
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:

WATER FALL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1508 SE 17th AVE. Suite 2
Cape Coral, FL. 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~SERVICES~~
The CORPORATION may engage in any activity or business permitted under the Laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

1,500 Common shares par value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BODE (Tom) POPOLA
4927 CORONADO PKWY
Cape Coral FL. 33915

(PRES.)

ARTICLE VI REGISTERED AGENT

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

BODE (Tom) POPOLA
4927 CORONADO PKWY
Cape Coral FL. 33915

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BODE (Tom) POPOLA
4927 CORONADO PKWY
Cape Coral FL. 33915

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

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
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