

PD 6000/14545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

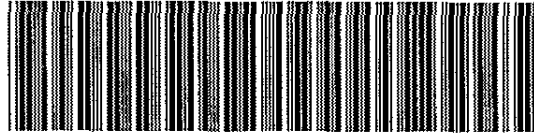
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/24/06--01036--002 \*\*78.75

FILED  
06 SEP -5 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/5

WDG-37559

**COVER LETTER**

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

SUBJECT: Waters Edge Management Company  
(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: SKIP DRISH  
Name (Printed or typed)

2107 Gunn HIGHWAY  
Address

ODESSA, FL 33556  
City, State & Zip

(877) 813-6600  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2006

SKIP DRISH  
2107 GUNN HIGHWAY  
ODESSA, FL 33356

SUBJECT: WATERS EDGE MANAGEMENT COMPANY  
Ref. Number: W06000037559

We have received your document for WATERS EDGE MANAGEMENT COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 006A00052223

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 SEP -5 PM 2: 53

**ARTICLE I NAME**

The name of the corporation shall be:

Waters Edge Commercial Management Co.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2107 Gunn Hwy  
ODESSA, FL 33556

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct and engage in lawful business according to and within the scope of the Florida business corporation act.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

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

SKIP DRISH /CEO  
2107 Gunn Hwy  
ODESSA, FL 33556

CLIFF ECK /PRESIDENT  
2107 Gunn Hwy  
ODESSA, FL 33556

**ARTICLE VI REGISTERED AGENT**

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

SKIP DRISH  
2107 Gunn Hwy  
ODESSA, FL 33556

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SKIP DRISH  
16513 IVY LAKE DRIVE  
ODESSA, FL 33556

\*\*\*\*\*

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

8/22/06  
Date

  
Signature/Incorporator

8/22/06  
Date