

P07000098277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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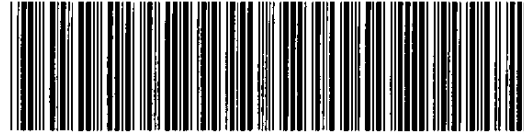
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PS*

## TRANSMITTAL LETTER

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

SUBJECT: HIGHLANDS AQUATICS, 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: MELISSA A. MAXWELL  
Name (Printed or typed)

2724 TAWNY DRIVE  
Address

FLORIDA, FLA. 33857  
City, State & Zip

863-655-5799  
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:

HIGHLANDS AQUATICS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2724 TAWNY DRIVE  
LORIDA, FLA. 33857

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LAWN CARE AND GROUNDS KEEPING

**ARTICLE IV SHARES**

The number of shares of stock is:

5000 SHARES OF COMMON STOCK WITH \$1 PAR PER SHARE

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

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

MELISSA A. MAXWELL - PRESIDENT  
2724 TAWNY DRIVE  
LORIDA, FLA. 33857

JAMES D. MAXWELL - VICE PRESIDENT  
2724 TAWNY DRIVE  
LORIDA, FLA. 33857

**ARTICLE VI REGISTERED AGENT**

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

MELISSA A. MAXWELL  
2724 TAWNY DRIVE  
LORIDA, FLA. 33857

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MELISSA A. MAXWELL  
2724 TAWNY DRIVE  
LORIDA, FLA. 33857

\*\*\*\*\*

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

Melissa Maxwell  
Signature/Registered Agent

8/31/07  
Date

Melissa Maxwell  
Signature/Incorporator

8/31/07  
Date

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07 SEP -4 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA