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(Requestor's Name)
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MRD



COVER LETTER

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

SUBJECT: Aguatic Wilderness	s Adventure	2
U (PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	l a check for:
\$70.00 S78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED	
FROM: Angie Redmond		
Name	(Printed or typed)	
2110 Lighthouse Re	ddress	·
Carrabelle Fl. 3	SZSZZ State & Zip	
850 - 899 - 4133 Daytime Te	Sephone number	
<u>Argic redmond 16 U</u> E-mail address: (to be used	•	notification)

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)	FILED
ARTICLE I NAME	10 JUN -2 PM 4-18
The name of the corporation shall be:	GEORGIANS OF A TEST
Aquatic Wilderness Adventures Inc	MALEMHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address. if different is:	
2110 Lighthouse Rd. Carrabelle, Fl. 32322	_
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	·
Kayak rentals	
ARTICLE IV SHARES	•
The number of shares of stock is:	
50	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Angie Redmond 2110 Lighthouse Rd. Carrabelle, Fl. 3232	
2110 Lighthouse Rd. Carrabelle Fl. 3232	2
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Annie Radmand	
Angie Redmond 2110 Lighthouse Rd. Carrabelle, Fl. 32322	2
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Argie Redmond	
2110 Lighthouse Rd. Carrabelle, Fl. 32322	
***********************	*******
Having been named as registered agent to accept service of process for the	-
place designated in this certificate, I am familiar with and accept the appoarer to act in this capacity	ointment as registered agent and
Ungle 'Sedmand	Ce-2-10
Signature/Registered Agent	Date
Unge Sedmand	<u> (e-2-10</u>
Signature/Incorporator	Date