

P11000059032

(Requestor's Name)

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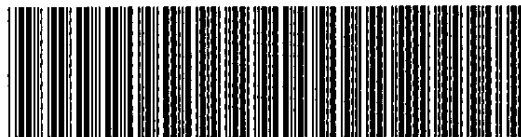
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/24/11--01026--009 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 24 AM 11:14

APPROVE
AND
FILED

1/4

COVER LETTER

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

SUBJECT: WATERFRONT SOLUTIONS, 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: CHAD KELLY
Name (Printed or typed)
1004 SYMPHONY ISLES BLVD.
Address
APOLLO BEACH, FL 33572
City, State & Zip
(813) 766-3625
Daytime Telephone number
CHAD@WATERFRONTSOLUTIONS.COM
E-mail address: (to be used for future annual report 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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: WATERFRONT SOLUTIONS, INC.

11 JUN 24 AM 11:14

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5819 U.S. HWY 41 NORTH
APOLLO BEACH, FL 33572

Mailing address, if different from
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE OPERATION OF A "PROFESSIONAL CORPORATION"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHAD KELLY, PRESIDENT
Address: 1004 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BRACE ACCOUNTING SERVICE, INC.
Address: 12000 NORTH DALE MAHAY STE. 262
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHAD KELLY
Address: 1004 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

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

Ronald Brace

Required Signature/Registered Agent

6-17-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Chad Kelly

Required Signature/Incorporator

6-20-11

Date