P11000074219

(Re	questor's Name))		
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PICK-UP	 ₩AIT	MAIL		
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(Do	cument Number)		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
UNI-41564				

Office Use Only



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2011 AUG 18 PN 4: 30 SECRESARY OF STATE TALLASMSSEE, FLORIN

4-Butck AHE 1.9,2019

COVER LETTER

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

SUBJECT:	WOW WORL	D OF WATE	RS, INC.		
	(PROPOSED CORPOR	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an ori	iginal and one (1) copy of the a	rticles of incorporation an	nd a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Monica CASAS Name (Printed or typed)					
2614 NW 97 AV.					
DORAL FL 33172					
305) 798-1533 Daytime Telephone number					
monica @ wowboutiquewater. Com E-mail address: (to be used for future annual report notification)					

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



Division of Corporations

RECEIVED 11 AUG 18 AHII: B1

DIVISION OF CORPORATIONS

August 9, 2011

MONICA CASAS 2614 NW 97 AVE DORAL, FL 33172

SUBJECT: WOW WORLD OF WATERS, INC.

Ref. Number: W11000041564

We have received your document for WOW WORLD OF WATERS, INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 511A00018663

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

ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
•	2614 NW 97 AVE. DORAL, FL 33172			
	PURPOSE which the corporation is organized is:	•	21	
	GENERAL	TRADE	FILED 1 AUG 18 PM ORETARY OF S 1 AUG/SSEC. FI	
ARTICLE IV The number of sha	SHARES /OCO		95 #:	
Name and T Address:	INITIAL OFFICERS AND OR DIRE	Address:	36 	
Name and Tand Address:	itle: ALEJANDO A. CAS 2614 NW 97 A DORAL, FL 33176	Address:		
Name and Ti Address:	itle:			
	REGISTERED AGENT rida street address (P.O. Box NOT accept ANGELICA CASAS 13500 SW 157 ST. DEW BLOKE PINES	able) of the registered agent is:		
ARTICLE VII	INCORPORATOR			
	Iress of the Incorporator is: MONICA CASAS 2614 NW 97 H DORAL FL 3317	W		
Having been name this certificate, I an	ed as registered agent to accept service of n familiar with and accept the appointmen	t as registered agent and agree to act i	tion at the place designated in in this capacity	
	Required Signature/Registered Age	ent	Date	
l submit this docu document to the De	ment and affirm that the facts stated her partment of State constitutes a third degre	ein are true. I am aware that the fal. e felony as provided for in s.817.155,	se information submitted in a F.S. / /	
	Required Signature Incorporato		8/3/11	