

P11000086873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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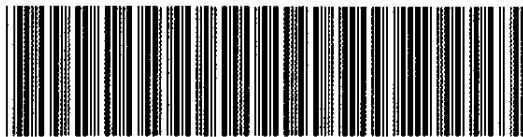
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 OCT -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/4

COVER LETTER

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

SUBJECT: Aquaborne 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: Aquaborne Inc

Name (Printed or typed)

588 NW Pickle Lane

Address

Madison, FL 32340

City, State & Zip

850-973-4577

Daytime Telephone number

aguaborne@pobox.com

E-mail address: (to be used for future annual report notification)

AQUABORNE**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 NAMEThe name of the corporation shall be: Aquabome Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
588 NW Pickle Lane
Madison, FL 32340Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
For Profit - Sales Agents**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Carol A Drummond President
Address: 588 NW Pickle Lane
Madison, FL 32340Name and Title: Donald Drummond Vice President
Address: 588 NW Pickle Lane
Madison, FL 32340Name 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: Carol A Drummond
Address: 588 NW Pickle Lane
Madison, FL 32340**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the Incorporator is:Name: Carol A Drummond
Address: 588 NW Pickle Lane
Madison, FL 32340

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

X 
Required Signature/Registered Agent
CAROL A DRUMMOND10-3-11
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.

X 
Required Signature/Incorporator
CAROL A DRUMMOND10-3-11
DateFILED
11 OCT -4 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA