

P11000086873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

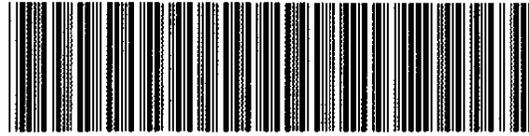
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/11--01014--015 **70.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 OCT -4 AM 11:03

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT -4 AM 11:14

FILED

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 NAME Aquabome Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
588 NW Pickle Lane
Madison, FL 32340

Mailing 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 32340

Name and Title: Donald Drummond Vice President
Address: 588 NW Pickle Lane
Madison, FL 32340

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 Carol A Drummond
Required Signature/Registered Agent

10-3-11
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 Carol A Drummond
Required Signature/Incorporator

10-3-11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA