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(Rec	juestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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2811 OCT 20 PN 4: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch OCT 2 0 2011

NO (47)

COVER LETTER

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

_{SUBJECT:} Watts Falls and Featu	res Inc.		
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
David Wette			
FROM: David Watts	e (Printed or typed)		
1251 Carolyn Drive	Address		
Clermont Florida 34711 City, State & Zip			
407- 947-8361 Daytime 7	elephone number		
dave@wfandf.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)

` -	•	FILED
ARTICLE I	NAME Watts Falls and Features I	NC. tási nor -
The name of the	corporation shall be:	nc. 2011 OCT 20 PM 4: 50
ARTICLE II	PRINCIPAL OFFICE	FORETARY OF STAINE ent is:
	Principal street address	A Mailing address it different is:
	1251 Carolyn Drive	
	Clermont Fl 34711	Mary, and
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
	truction of artificial rock and natural rock	waterfalls and water features, including
ponds and f		
•		
ARTICLE IV	SHARES	
	nares of stock is500	
	INITIAL OFFICERS AND/OR DIRECTORS	I 4 TPAI
Name and Address:	1251 Corolus Drivo	Name and Title:
Audress.	1251 Carolyn Drive A	Address:
	Cleimoni, Ft 347.11	
Name and		Name and Title:
Address:	A	Address:
Name and	Title:	Name and Title:
Address:	A	
7.44-1-02-1		
ADMINI PORT	DECIGERED ACES	
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of the	a magintamed againt in
Name:	David Watts	registered agent is.
Address:	1251 Carolyn Drive	
112214001	Clermont, Fl 34711	
	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	David Watts	
Address:	1251 Carolyn Drive	
	Clermont, Fl 34711	
Having been nar	ned as registered agent to accept service of process fo	r the above stated corporation at the place designated in
	am familiar with and accept the appointment as register	
1/0	avid Wath	
	Required Signature/Registered Agent	Date
		N 1014
		e. 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.
	1 1 1	12 10 11
	one Walls	
	Required Signature/Incorporator	Date