## P12000000443

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

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

SUBJECT: AllensAquaticAdventuresInc.			
(PROPOSED CORPORA	FE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Allen Clark Name	(Printed or typed)		
6538 5th Ave. S			
A	ddress		
Saint Petersburg, Flo	rida 33707 State & Zip		
727-709-0088 Daytime Te	elephone number		
clarkallen24@yahoo. E-mail address! (to be used	COM  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)

ARTICLE I The name of the o	NAME CORPORATION Shall be Allens A	quatic Advent	ures Inc.		
ARTICLE II	-		Mailing address, if different is:		
ARTICLE III The purpose for BOA  ARTICLE IV The number of sh  ARTICLE V Name and	asynometricers and/or directly control of the corporation is organized is:  ting Adventage Adven	<b>ECTORS</b> Name and Title:	12 JAN -3 M II 44  SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
Address:	President 6538 5th Ave. S Saint Petersburg FI 337				
Name and 'Address:	Title:	Address:			
Name and 'Address:	Title:				
	REGISTERED AGENT  lorida street address (P.O. Box NOT acception Clark  6538 5th Ave. S Saint Petersburg, FL 3				
	INCORPORATOR  Idress of the Incorporator is:  Allen Clark 6538 5th Ave. S Saint Petersburg, FL 3				
this certificate, I d	ned as registered agent to accept service o um familiar with and accept the appointme	f process for the above stated corpor			
alle	Required Signature/Registered Ag		/2-23-11 Date		
	Required Signature/Registered Ap rument and affirm that the facts stated he Department of State constitutes a third degr	rein are true. I am aware that the fi	ulse information submitted in a		
White	the		12-23-11		
	Required Signature/Incorporate	or .	Date		