

P12000013597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

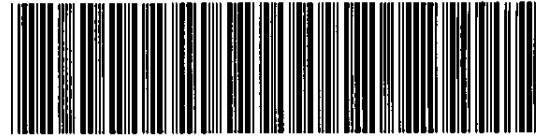
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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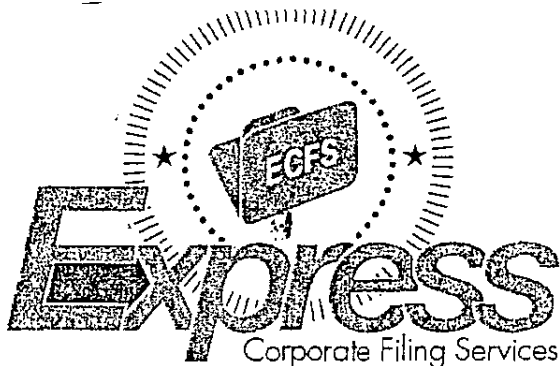
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02/08/12--01004--011 \*\*78.75

RECEIVED  
12 FEB - 8 AM 10:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 FEB - 8 AM 7:54  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2/9/12



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AQUADECOCO, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in   
 ☒ Pick up time \_\_\_\_\_   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

**ARTICLES OF INCORPORATION**

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

**ARTICLE I                      NAME**

The name of the corporation shall be:

AQUADECOCO INC

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**ARTICLE II                      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1951 NW S RIVER DR  
APT 2112  
MIAMI, FL 33125

**ARTICLE III                      PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV                      SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V                      INITIAL OFFICERS AND/OR DIRECTORS**

List names(s), address(es) and specific title(s):

NORMA CARDENAS (P/D) 50%  
YAMILE M. CORREA (V/D) 50%  
1951 NW S RIVER DR  
APT 2112  
MIAMI, FL 33125

**ARTICLE VI                      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

YAMILE M. CORREA  
1951 NW S RIVER DR  
APT 2112  
MIAMI, FL 33125

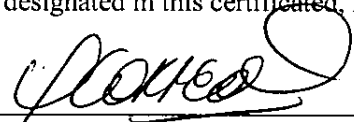
**ARTICLE VII                      INCORPORATOR**

The name and address of the Incorporator is:

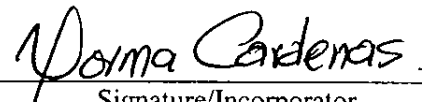
NORMA CARDENAS  
YAMILE M. CORREA  
1951 NW S RIVER DR  
APT 2112  
MIAMI, FL 33125

\*\*\*\*\*

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 to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

Feb/07/2012  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

February 7, 2012  
\_\_\_\_\_  
Date