

P12000051398

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
6/5/12

COVER LETTER

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

SUBJECT: THE WATER CAFE, 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: ROBYN HAMBSCH  
Name (Printed or typed)  
1207 SW 50<sup>TH</sup> ST  
Address  
CAPE CORAL, FL 33914  
City, State & Zip  
239-677-7317  
Daytime Telephone number  
watercafe@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: THE WATER CAFE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1207 SW 50TH ST  
CAPE CORAL, FL 33914

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE CONCESSIONS TO BOATERS FOR PROFIT.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ROBYN HAMBSCH, PRES  
Address: 1207 SW 50TH ST  
CAPE CORAL, FL 33914

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: NANCY SULLIVAN, VP  
Address: 1418 NE VAN LOON LN  
CAPE CORAL, FL 33909

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: ROBYN HAMBSCH  
Address: 1207 SW 50TH ST  
CAPE CORAL, FL 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

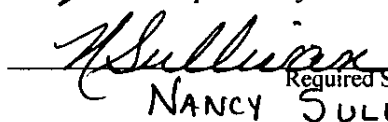
Name: NANCY SULLIVAN  
Address: 1418 NE VAN LOON LN  
CAPE CORAL, FL 33909

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

  
\_\_\_\_\_  
Required Signature/Registered Agent  
ROBYN HAMBSCH

6/1/2012  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator  
NANCY SULLIVAN

6/1/2012  
\_\_\_\_\_  
Date

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