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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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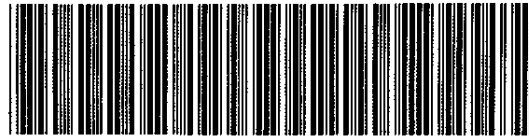
(Business Entity Name)

(Document Number)

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

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12 SEP 26 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Stivers SEP 27 2012

**COVER LETTER**

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

**SUBJECT:** Aqua Clara Dive Schools of Florida, 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:** Robert W. Murphy  
Name (Printed or typed)

P.O. Box 4309  
Address

Clearwater, FL 33758  
City, State & Zip

727-510-7138  
Daytime Telephone number

rw\_murphy@bocabenefits.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**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: Aqua Clara Dive Schools of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1550 S. Belcher Rd. Apt. 424  
Clearwater, FL 33764

Mailing address, if different is:  
P.O. Box 4309  
Clearwater, FL 33758

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- (1) scuba diving instruction and related training services
- (2) sale of scuba diving related equipment, services and ancillary materials
- (3) any other for-profit purpose not prohibited by law

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert W. Murphy, Director  
Address: 1550 S. Belcher Rd. Apt. 424  
Clearwater, FL 33764

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

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

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: Robert W. Murphy  
Address: 1550 S. Belcher Rd. Apt. 424  
Clearwater, FL 33764

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert W. Murphy  
Address: P.O. Box 4309  
Clearwater, FL 33758

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

Robert W. Murphy

Required Signature/Registered Agent

09/24/2012

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.

Robert W. Murphy

Required Signature/Incorporator

09/24/2012

Date