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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	∋ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

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SECRETARY OF STATE

MR) 13

COVER LETTER

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

_{SUBJECT:} Aqu	aman Aquatics,		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
			· .
FROM: La	aura Crawford		
	Name	(Printed or typed)	
27	'40 SW Martin D	owns Hwy #1	72
	1	Address	
Pa	alm City, FI 3499		
	City,	State & Zip	
77	2.287.8717		
	Daytime T	elephone number	
ad	uamankids@gmail.	com	
<u>.=.</u> _	E-mail address: (to be use		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 NAM The name of the corporat	E Aquaman Aquatics	s. Inc.	
ARTICLE II PRII	NCIPAL OFFICE Principal <u>street</u> address in Downs Hwy #172	Mailing address iffdifferent is: ST	≓ 00 ATE RIDA
Palm City; Fl 3	34990		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	de swim lessons and related servi	ices.
			·····
	TAL OFFICERS AND/OR DIRECTORS		
Name and Title Address	2740 SW Martin Downs Hwy #172	Name and Title.	
	Palm City, FI 34990		
Name and Title:		Name and Title:	
Address		Address:	
			. <u></u>
Name and Title:		Name and Title:	
Address		Address:	

FILED

Name and	d Title:	Name and Title:	13 MAR 15 PM 4: 00
Address		Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Laura Crawford		
Address:	2740 SW Martin Downs Hwy #172		
	Palm City, FI 34990		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Laura Crawford		
Address:	2740 SW Martin Downs Hwy #172		
	Palm City, Fl 34990		
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi		
	Required Signature/Registered Agent		Date
submit this docu locument to the L	iment and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that to as provided for in s.81	he false information submitted in a 7.155, F.S.
	Required Signature/Incorporator		2-15-13 Date