

P140000049286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

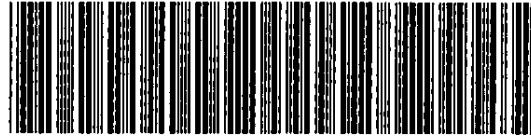
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300260731943

06/05/14--01012--002 \*\*70.00

2014 JUN -5 PM 4:50  
SECRETARY OF STATE  
DIVISION OF REVENUE

114

## COVER LETTER

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

SUBJECT: Aqua Floss 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: SHARON CHIAPPETTA  
Name (Printed or typed)

2870 NE 22 CT  
Address

POMPANO BEACH, FL 33062  
City, State & Zip

954-946-1295  
Daytime Telephone number

SCPOMPBECH@gmail.com  
Email address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE  
2017 JUN -5 PM 4:50

**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 FLOSS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2870 NE 22 CT  
POMPANO BEACH  
FL 33062

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MANUFACTURING AND  
DISTRIBUTING AN ORAL HYGIENE PRODUCT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SHARON CHIAPPETTA Name and Title: PRESIDENT

Address: 2870 NE 22 CT Address: \_\_\_\_\_  
POMPANO BEACH \_\_\_\_\_  
FL 33062 \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
CLERK OF COURT  
DIVISION OF STATE  
(cont.)

2014 JUN -5 PM 4:01

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

**ARTICLE VI REGISTERED AGENT**

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

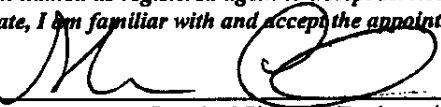
Name: SHARRON CHIAPPETTA  
Address: 2870 NE 22 CT  
POMPANO BEACH, FL 33062

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

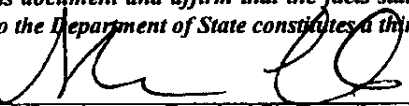
Name: SHARRON CHIAPPETTA  
Address: 2870 NE 22 CT  
POMPANO BEACH, FL 33062

*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

6-3-14  
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

6-3-14  
Date