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SECRETARY OF STAIL DIVISION OF CORPORATION

2 01/06/15

COVER LETTER

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

Watercats, Inc.

SUBJECT:	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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
FROM: R	onald Rogers	ne (Printed or typed)	
P	O Box 205	Address	
<u>Fi</u>	reeport FL 3243		
77	74-277-9755	, State & Zip	
m	ail@bluewaterba	Telephone number aby.com ed 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 NAM The name of the corporat	Matercats, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 216 Fishermans Run		Mailing address, if different is: PO Box 205	
Freeport FI	reeport FI 32439		32439
ARTICLE III PUR The purpose for which the	POSE ne corporation is organized is:	ding and selling high o	quality boats
			SECRET DIVISION O
ARTICLE IV SHA The number of shares of			F CORPORATIONS F S PN 3: 58
	Ronald Rogers, President	Name and Title:	
Address	216 Fishermans Run	Address:	
	Freeport FL 32439		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
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Name and	d Title:	Name and Title:	
Address		Address:	· · · · · · · · · · · · · · · · · · ·
Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) o Ronald Rogers 216 Fishermans Run	of the registered agent is:	SIVIO
Address:	Freeport FL 32439	- A	SION SION
ARTICLE VII The name and ad Name: Address:	INCORPORATOR Idress of the Incorporator is: Ronald Rogers PO Box 205	-5 PA 3: 56	FILED ARY OF STATE OF CORPORATIONS
	Freeport Fl 32439		
	ned as registered agent to accept service of process am familiar with and accept the appointment as re- Required Signature/Registered Agent	s for the above stated corporation at the place designistered agent and agree to act in this capacity	
		true. I am aware that the false information submit	tted in a
	Department of State constitutes a third degree felor Required Signature/Incorporator		5