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(Business Entity Name)

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15 APR 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-21-15

COVER LETTER

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

SUBJECT: LaQua Spa, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: CLAUDIA SALVI

Name (Printed or typed)

6202 N State Road 7 Unit 106

Address

Coconut Creek, FL 33073

City, State & Zip

754-600-8918

Daytime Telephone number

~~E-mail address: (to be used for future annual report notification)~~
LiLiClau05@yahoo.com

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: LaQua Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

6202 N State Road 7

Unit 106

Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: ONE

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15 APR 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIA SALVI, PRESIDENT Name and Title: _____

Address 6202 N State Road 7 Unit 106 Address: _____

Coconut Creek, FL 33073

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: CLAUDIA SALVI

Address: 6202 N STATE ROAD 7 UNIT 106

COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLAUDIA SALVI

Address: 6202 N State Road 7 Unit 106

Coconut Creek, FL 33073

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

24MAR2015

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

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Date MAR 2015

