## P15000040201

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
-W15-	26281			

Office Use Only



300271086353

04/13/15--01012--021 \*\*87.50

SECRETASY OF STATE

FI AND

1/4

## **COVER LETTER**

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

SUBJECT: Wave Rider Properties, 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			

.OM:	Russ Elliott
	Name (Printed or typed)
	1493 Tredegar Dr
	Address
	Fort Myers, FL 33919
	City, State & Zip
	239-470-3328
	Daytime Telephone number
	RussElliott@mail.com
	E-mail address: (to be used for future annual report notification)

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



April 15, 2015

RUSS ELLIOTT 1493 TREDEGAR DR FORT MYERS, FL 33919

SUBJECT: WAVE RIDER PROPERTIES, INC.

Ref. Number: W15000026281

We have received your document for WAVE RIDER PROPERTIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 915A00007540

APPHOVEL AND FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 HAY -1 PH 4: 30

ARTICLE I NAME The name of the corpora	Wave Runner Properties, In	C. SECHETARY OF DEA
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	SECRETARY OF STA FALLAHASSEE, FLORI Mailing address, if different is:
1493 Tredegar Dr		
Fort Myers, FL 33919		
	he corporation is organized is:	de
	stock is:  IL OFFICERS AND/OR DIRECTORS	Name and Title:
	1493 Tredegar Dr	
Address	Fort Myers, FL 33919	Address:
Name and Title:		Name and Title:
Address		
Name and Title:	~~~	Name and Title:
Address		Address:



Name a Addres	and Title:	Name and Title: Address:	SECRETARY OF STATE FAILANDER PLORIDA
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) Russ Elliott 1493 Tredegar Dr Fort Myers, FL 33919	of the registered agent is	:
	INCORPORATOR  address of the Incorporator is:  Russ Elliott  1493 Tredegar Dr  Fort Myers, FL 33919		
Effective date, i (If an effective days after the f Note: If the dat	fother than the date of filing:  date is listed, the date must be specific and can filing.)  to inserted in this block does not meet the applicable effective date on the Department of State's record.	le statutory filing require	usiness days prior or 90 business
this certificate, I	Required Signature/Registered Agent to accept service of procedure of am familiar with and accept the appointment as a Required Signature/Registered Agent occument and affirm that the facts stated herein as a Department of State constitutes a third degree fel	registered agent and agre	the false information submitted in a