

P15000057713

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15 JUL 10 AM 10:23

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**COVER LETTER**

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

**SUBJECT:** Aqua Court Mortgage Corp.

**(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:** William E. Fox  
Name (Printed or typed)

P.O. Box 1646  
Address

Naples, FL 34106  
City, State & Zip

239-262-3104  
Daytime Telephone number

wef271@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2015

WILLIAM E. FOX  
P.O. BOX 1646  
NAPLES, FL 34106

SUBJECT: AQUA COURT MORTGAGE CORP.  
Ref. Number: W15000044035

15 JUL 10 AM 10:28  
CORPORATION DIVISION

We have received your document for AQUA COURT MORTGAGE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

List the "Title" for the name listed in Article V.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00013507

**ARTICLE I NAME**

The name of the corporation shall be: Aqua Court Mortgage Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
271 Aqua Court  
Naples, FL 34102

Mailing address, if different is:  
P.O. Box 1646  
Naples, FL 34106

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
mortgage company

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

~~Name and Title: William E. Fox Living Revocable Trust~~  
~~Address: P.O. Box 1646~~  
~~Naples, FL 34106~~

Name and Title: William E Fox, Director  
Address: P.O. Box 1646  
Naples, FL 34106

Name and Title: William E Fox, Pres, Trust  
Address: P.O. Box 1646  
Naples FL 34106

Name and Title: Mary Strutz Fox, Director  
Address: P.O. Box 1646  
Naples, FL 34106

Name and Title: Mary Strutz Fox, VP, Secy.  
Address: P.O. Box 1646  
Naples, FL 34106

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

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: William E. Fox  
 Address: 271 Aqua Court  
 Naples, FL 34102

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**ARTICLE VII INCORPORATOR**

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

Name: William E. Fox  
 Address: P.O. Box 1646  
 Naples, FL 34106

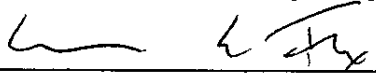
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

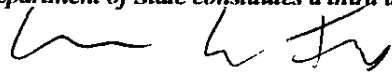


Required Signature/Registered Agent

6/19/15

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

6/19/15

Date