

P15000063858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

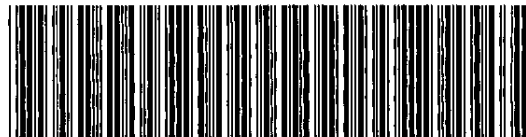
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Certificates of Status ☒

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ALBRITTON

COVER LETTER

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

SUBJECT: WINDOW AQUARIUMS 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: WINDOW AQUARIUMS INC

Name (Printed or typed)

9149 TAVERNA WAY

Address

BOYNTON BEACH FLORIDA 33472

City, State & Zip

651-7324417

Daytime Telephone number

GORONS@BELLSOUTH.NET

E-mail address: (to be used 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 NAME

The name of the corporation shall be: WINDOW AQUARIUMS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9149 TAVERNA WAY

Boynton Beach, FL 33472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE, AQUARIUMS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SY GORON -PRESIDENT

Name and Title: _____

Address 9149 TAVERNA WAY

Address: _____

BOYNTON BEACH FL 33472

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2018 JUL 27 PM 4:40
SECRETARY
STATE OF FLORIDA
CORPORATION DIVISION

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: SY GORON

Address: 9149 TAVERNA WAY

BOYNTON BEACH FL 33472

ARTICLE VII INCORPORATOR

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

Name: SY GORON

Address: 9149 TAVERNA WAY

BOYNTON BEACH FL 33472

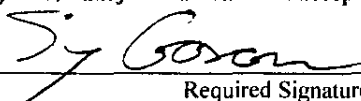
ARTICLE VIII EFFECTIVE DATE:

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.)

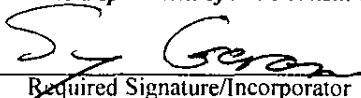
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7-23-2015
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

7-23-2015
Date