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То:			
10.	Division of Co	porations	41 C
		: (850)617-6381	125 - 4 125 - 4
			UT SI ALE
From:			
		: KOEPPEL LAW GROUP, P.A.	***
	Account Number	: I20070000064	
	Phone	: (561)659-6455	24-
	Fax Number	: (561)659-7006	

FLORIDA PROFIT/NON PROFIT CORPORATION AQUAMARS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

AUG 2 2015

S. GILBERT

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

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15 AUG 21 AM 11:28

RTICLE I NAM he name of the corpor	<u>E</u> ation shall be:	AQUAMARS, INC.	MALARA SEC
RTICLEII PRIN	CIPAL OFFICE Principal <u>street</u> address	Mailing	address, if different is:
400 S. AUSTRALIA	N AVE #300		
WEST PALM BEA	CH, FL 33401		
RTICLE III PURI	POSE the corporation is organized is:	REAL ESTATE RENTAL.	
		·	
navar nava			
he number of shares o	f stock is: AL OFFICERS AND/OR DIRE	CTORS	
he number of shares o **RTICLE V INITI** Name and Tit	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICQUITMI	CTORS P/D Name and Title:	,
he number of shares o	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICQUITMI	CTORS P/D Name and Title:	
he number of shares o RTICLE V INITI Name and Til	f stock is: <u>AL OFFICERS AND/OR DIRE</u> (e: 2985 CHICOUTIMI	CTORS P/D Name and Title:	,
he number of shares o RTICLE V INITE Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICOUTIMI LAVAL, QUEBEC CANADA H7E 1B3	CTORS P/D Name and Title:	
he number of shares o <u>RTICLE V INITI</u> Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICOUTIMI LAVAL, QUEBEC CANADA H7E 1B3	CTORS P/D Name and Title: Address:	
Name and Tite Address Name and Tite	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICOUTIMI LAVAL, QUEBEC CANADA H7E 1B3	CTORS P/D Name and Title: Address:	
the number of shares of RTICLE V INITE Name and Tite Address Name and Tite	f stock is: AL OFFICERS AND/OR DIRE CARMINE D'ARGENIO, P 2985 CHICOUTIMI LAVAL, QUEBEC CANADA H7E 1B3	Name and Title:	

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Name and ?	Citle:	Name and Title:
Address		Address:
ARTICLE VI RE	GISTERED AGENT	
The <u>upme and Flor</u>	ids street stillress (P.O. Box NOT acceptable)	of the registered agent is;
Name:	JOEL P. KOEPPEL, ESQ.	<u> </u>
Address:	400 S. AUSTRALIAN AVE #300	
_	WEST PALM BEACH, FL 33401	
		 -
ARTICLE VII IN	CORPORATOR	
The name and addr	ess of the Incorporator is:	
Name:	JOEL P. KOEPPEL, ESQ.	
Address:	400 S. AUSTRALIAN AVE #300	
	WEST PALM BEACH, FL 33401	_
ARTICLE VIII Ex Effective date, if oth (If an effective date days after the filing	er than the date of filing: is listed, the date must be specific and cau	. (OPTIONAL) not be more than five business days prior or 90 business
Note: If the date institute document's effect	erted in this block does not meet the applicab tive date on the Department of State's records	le statutory filing requirements, this date will not be listed as
Having been named this certificate, I am	as registered agent to accept service of proce familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Den frague	8/2+115
	Required Signature/Registered Agent	Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein ar artment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Jack	8/6.1
Required	Signature/Ingorporator	Date