

P15000100460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

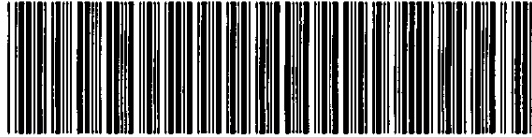
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279986268

12/14/15--01007--012 **78.75

15 DEC 14 AM 11:58
Filing Office of Form

MD 12/22

COVER LETTER

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

SUBJECT: WOW ADVENTURES, 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

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

FROM: Daniel A Smith
Name (Printed or typed)

228 Glen Eagle Circle
Address

Naples, Florida 34104
City, State & Zip

239-272-2342
Daytime Telephone number

sueaquan@yahoo.com
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)

15 DEC 14 AM 11

ARTICLE I NAME
The name of the corporation shall be: WOW ADVENTURES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
951 Bald Eagle Drive
Marco Island, Florida 34145

Mailing address, if different is:
PO Box 715
Marco Island, Florida 34146

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All Lawful activities of Rental Watercraft and accessories.

Article III.I Effective Date The effective date of the corporation shall
be January 1, 2016

ARTICLE IV SHARES 200
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Sue-A-Quan Delgado, President
Address PO Box 715
 Marco Island, Florida 34146

Name and Title: Arlene Begun Vargas, Vice President
Address: PO Box 715
 Marco Island, Florida 34146

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

(cont.)

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 Sue-A-Quan Delgado
 Address: 311 Regatta Street
Marco Island, Florida 34145

15 DEC 16 AM 11:58
 P. O. BOX 100000

ARTICLE VII INCORPORATOR

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

Name: Daniel A Smith
 Address: 228 Glen Eagle Circle
Naples, Florida 34104

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

12-10-15

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

12/10/15
Date