

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACQUABLU INTERNATIONAL CORP**

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

16 MAR 11 PM 1:17

16 MAR 11 AM 11:46

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

W16 -17737

W16 - 18465

03/14/16

COVER LETTER

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

SUBJECT: ACQUABLU INTERNATIONAL 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: NIXON GABRIEL QUINTERO ROMERO

Name (Printed or typed)

5720 PGA BLVD

Address

ORLANDO, FL 32839

City, State & Zip

Daytime Telephone number

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 NAMEThe name of the corporation shall be: ACQUABLUE INTERNATIONAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5720 PGA BLVDORLANDO, FL32839**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAXON A. ROMERO PRESIDENT

Name and Title: _____

Address: 6205 SW 136 CT # 201

Address: _____

MIAMI, FL33183Name and Title: NIXON G. QUINTERO

Name and Title: _____

Address: VICE PRESIDENT

Address: _____

5720 PGA BLVDORLANDO, FL 32839

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 11 AM 11:45

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: NIXON G. QUINTERO
Address: 5720 PGA BLVD
ORLANDO, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NIXON G. QUINTERO
Address: 5720 PGA BLVD
ORLANDO, FL 32839

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2016. (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

Nixon Quintero
Required Signature/Registered Agent

03/02/2016
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.

Nixon Quintero
Required Signature/Incorporator

03/11/2016
Date

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