

P 16000037026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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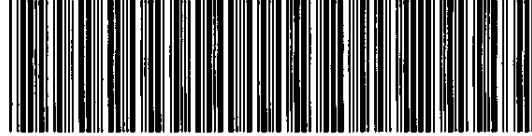
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/21/16--01022--026 \*\*87.50

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16 APR 21 PM 3:41  
CLERK OF COURT  
CLERK OF COURT

4/27/16

## COVER LETTER

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

**SUBJECT:** Aquarius Commercial Plumbing, 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:** Richard M. Rocha, P.A.

Name (Printed or typed)

1211 N. Westshore Blvd., Suite 511

Address

Tampa, FL 33607

City, State & Zip

813 871-6611

Daytime Telephone number

RRocha@richardrochapa.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Aquarius Commercial Plumbing, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

38807 Cambridge Dr.

Zephyrhills, FL 33540

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Angela M. Hale-President

Name and Title: Karol F. Sealander- Vice President

Address 38807 Cambridge Dr.

Address: 5305 Camberlea Ave.

Zephyrhills, FL 33540

Zephyrhills, FL 33541

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

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: Richard M. Rocha, P.A.  
Address: 1211 N. Westshore Blvd., Suite 511  
Tampa, FL 33607

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SOUTH FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: Angela M. Hale  
Address: 38807 Cambridge Dr.  
Zephyrhills, FL 33540

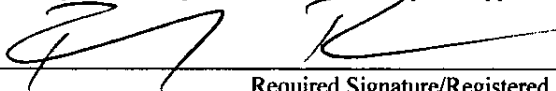
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ 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.

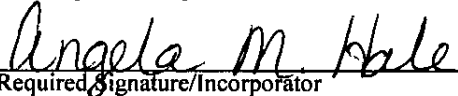
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

4-18-16  
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

4/12/16  
Date