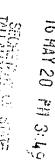
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. (Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
<u></u>	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer				
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COVER LETTER

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

SUBJECT: FIC	PROPOSED CORPORA Res	toration Con	of Condimininum or JDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

Name (Printed or Type: 9)

7325 Talmade Ave
Address

Southport FL 30409

City, State & Zip

Daytime Telephone number

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 NAME The name of the corporation	shall be: Flor	la Wate	C Prod	ins of G	ondon	ninium
ARTICLE I NAME The name of the corporation ARTICLE II PRINCIP. Pr	AL OFFICE incipal street address	lestora	HON Co	Mailing address, i	t J Inc	
7325 Tal	madse F1 3541	Ave OS	S	ane		
ARTICLE III PURPOSE The purpose for which the	g corporation is organize	ed is: Wa	der proo	25:08 : Cati	, ma:	30000
					-	
ARTICLE IV SHARES The number of shares of ste ARTICLE V INITIAL	ick is:	DIRECT 18.			Section Sectio	16 HAY 20
Name and Title:	Socqueli		1	Direc		
Name and Title	nark Ho 1325 Ta suthpart	milton Imade FL PUD9	Name and Title Address:		20	
_		<u></u>	_			

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: Jacqueline Vickers	TALL BEST OF THE SECOND
Address: 11714 Raccoon la	
Southport FL32410	
ARTICLE VII INCORPORATOR	3: 45 3: 45
The <u>name and address</u> of the Incorporator is:	
Name: Mark 4-lamility	
Address: 7325 Talmada Southport, FL 33	g 1909
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specified and cannot days after the filing.)	(OPTIONAL) of be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Required Signature/Registered Agent	5/20/16 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 felor	15 as provided for in \$.817.133, r.s.