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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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COVER LETTER

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

SUBJECT: Makin	ng Waves Boat Rentals, Inc.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL C		OPY REQUIRED
FROM: _	Daniel E Cullinan	e (Printed or typed)	
1	512 Portsmouth Lake Dr.		
•		Address	
E	Brandon, FL 33511		
_	City,	State & Zip	
3	36-337-9352		
_	Daytime T	elephone number	
C	ANCULLAND3@AOL.COM		
_	E-mail address: (to be use	d 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)

The name of the corpora	CIPAL OFFICE Principal street address	ţ	Mailing address, if different is:
1512 Portsmouth Lake	Dr.		
Brandon, FL 33511			_ P
ARTICLE III PURP The purpose for which	OSE Leisure he corporation is organized is:	Boat Rentals	HAY 3
			MO. OL
The number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS Daniel E Cullinan President	Name and Title: Address:	Mary Ann Cullinan, Vice-President 1512 Portsmouth Lake Dr. Brandon, FL 33511
Name and Titl	AL OFFICERS AND/OR DIRECTORS Daniel E Cullinan, President 1512 Portsmouth Lake Dr. Brandon, FL 33511	Name and Title: Address: Name and Title: Address: Address:	1512 Portsmouth Lake Dr.



Name a	and Title:	Name and Title:
Addre	ess	Address:
I <i>RTICLE VI</i> The name and	REGISTERED AGENT Florida street address (P.O. Box NOT accept	table) of the registered agent is:
Name:	Daniel E Cullinan	above of the registered agent is.
Address:	1512 Portsmouth Lake Dr.	
	Brandon, FL 33511	
RTICLE VII	<u>INCORPORATOR</u>	
he <u>name and</u>	address of the Incorporator is:	AM 10:04 10:
Name:	Daniel E Cullinan	
Address:	1512 Portsmouth Lake Dr.	
	Brandon, FL 33511	
ffective date		. (OPTIONAL) d cannot be more than five business days prior or 90 business
iote: If the da he document's	ate inserted in this block does not meet the app s effective date on the Department of State's re	plicable statutory filing requirements, this date will not be listed as ecords.
Having been n his certificate,	named as registered agent to accept service of I An familiar with anflaccept the appointmen	process for the above stated corporation at the place designated in new first the place designated in the second section is the second section.
	11 € C. V	5/26/2016
- I Com	Required Signature/Registered Ag	gent Date
submit this d ocument to the	locument and affirm that the facts stated her the Department of Slaid constitutes a third degr	rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.
	le Call	5/26/2016
Red	quired Signature/Incorporator	Date

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