

P16000054343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

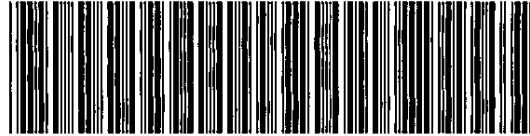
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15:16:28 PM 9:51

W16-043936

07/01/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2016

LONNIE WAYNE CLINE
423 CALLE LIMON
MARATHON, FL 33050

SUBJECT: AQUATIC APE SCUBA, INC
Ref. Number: W16000043936

RECEIVED
16 JUN 28 AM 10:47
TALLAHASSEE, FLORIDA

We have received your document for AQUATIC APE SCUBA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 316A00012868

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
(850) 245-6052
www.sunbiz.org

COVER LETTER

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

SUBJECT: Aquatic Ape Scuba 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: Lonnie Wayne Cline III
Name (Printed or typed)

423 Calle Lirion
Address

Marathon, FL 33050
City, State & Zip

704-400-5147
Daytime Telephone number

aquaticapesuba@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Aquatic Ape Scuba, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

423 Calle Lirion
Marathon, FL 33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide scuba diving instruction,
experience, and education to qualified public/private
patrons.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lonnice Wayne Cline III Name and Title: Director

Address 423 Calle Lirion Address: _____
Marathon, FL 33050

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: Lonnie Wayne Cline III
Address: 423 Calle Lunion
Marathon, FL 33050

FILED
MAR 10 2016
MAR 9:56
16 MAR 29 PM 9:56

ARTICLE VII INCORPORATOR

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

Name: Lonnie Wayne Cline III
Address: 423 Calle Lunion
Marathon, FL 33050

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the 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.

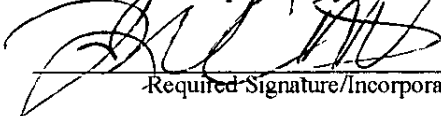
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

6/6/16
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

6/6/16
Date