

P/G ~~6666~~ 56650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

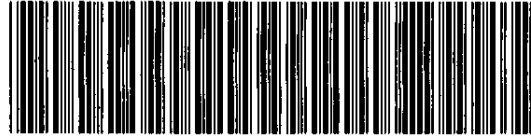
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500284688465

04/26/16--01033--005 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL -5 AM 6:30

mim



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2016

KENDALL ALBRITTON  
275 BAILEY STREET  
SAFETY HARBOR, FL 34695

SUBJECT: WOMEN OF WATER APPAREL, INC.  
Ref. Number: W16000032610

16 JUL -5 PM 3:48  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for WOMEN OF WATER APPAREL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00009186

16 JUL -5 AM 6:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** WOMEN OF WATER APPAREL, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: KENDALL ALBRITTON  
\_\_\_\_\_  
Name (Printed or typed)

275 BAILEY STREET  
\_\_\_\_\_  
Address

SAFETY HARBOR, FLORIDA 34695  
\_\_\_\_\_  
City, State & Zip

813-956-0156  
\_\_\_\_\_  
Daytime Telephone number

WOMENOFWATERTAMPABAY@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

16 JUL -5 AM 6:30

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

WOMEN OF WATER APPAREL, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

275 BAILEY STREET

SAFETY HARBOR, FLORIDA

34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any lawful activity for which corporations may be

incorporated in this state.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

Name and Title: Kendall M. Albritton, Owner

Name and Title:

Address 275 Bailey Street

Address:

Safety Harbor, Florida

34695

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRET  
STATE  
TALLAHASSEE, FLORIDA  
16 JUL -5 AM 6:31

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: Kendall Marie Albritton  
Address: 275 Bailey Street  
Safety Harbor, FL 34695

**ARTICLE VII INCORPORATOR**

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

Name: Kendall Marie Albritton  
Address: 275 Bailey Street  
Safety Harbor, FL 34695

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL -5 AM 6:31

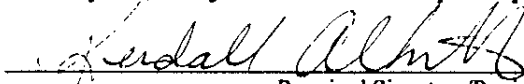
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/27/2016 (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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

6/27/2016  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

6/27/2016  
\_\_\_\_\_  
Date