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(Requestor's Name) (Address) (Address)	800287346408
(City/State/Zip/Phone #)	06/28/1601029010 **78.79
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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	49/12/14

# COVER LETTER

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

## SUBJECT: \_\_\_\_\_

## (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 \$78.75Filing Fee& Certificate of Status

<b>\$</b> 78.75	<b>\$</b> 87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>PY REQUIRED</b>

FOX AQUATICS COMPANY

Name (Printed or typed)			
765 FIELD STREET			
Address	* **	<del>1</del> 6	
OVIEDO< FLORIDA 32765	и . , ,	Кр	1
City, State & Zip		ີ່ ດີ	
407-920-9560			
Daytime Telephone number		ट्र न	
austinnfoxx@yahoo.com	-	61 62	

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2016

FOX AQUATICS COMPANY 765 FIELD STREET OVIEDO, FL 32765

SUBJECT: FOX FRAGS AND CORAL FARM Ref. Number: W16000047216

We have received your document for FOX FRAGS AND CORAL FARM 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 failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Claretha Golden Regulatory Specialist II New Filing Section

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Letter Number: 716A00017636

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Division of Componentions DO POV 6227 Tallahassas Florida 22214



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2016

FOX AQUATICS COMPANY 765 FIELD STREET OVIEDO, FL 32765

SUBJECT: FOX FRAGS AND CORAL FARM Ref. Number: W16000047216

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Claretha Golden Regulatory Specialist II New Filing Section

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 Letter Number: 716A00017636

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TALLANA REPLICE

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

FOX AQUATICS COMPANY 765 FIELD STREET OVIEDO, FL 32765 <u>FRAGS</u> SUBJECT: FOX FROGS AND CAROL FARM Ref. Number: W16000047216

We have received your document for FOX FROGS AND CAROL FARM and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 216A00015466

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Division of Communities DO DOX 6207 Thellahasses Florida 20214



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2016

FOX AQUATICS COMPANY 765 FIELD STREET OVIEDO, FL 32765

SUBJECT: FOX AQUATICS COMPANY Ref. Number: W16000047216

H [T]₩ II: 11 5

We have received your document for FOX AQUATICS COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 116A00014157



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Division of Componentiana, DO ROV 6227 Tallahagaaa Florida 22214

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		Fox	Frags 0		al Form	1 Compo
<u>TICLE II PRIN</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address		~		different is	
FIELD STREET						
IEDO, FLORIDA	32765-9303					
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number of shares o <u>TICLE V INITI</u> Name and Tit Address	f stock is: <u>AL OFFICERS AND/OR DIRECTORS</u> Austin Tyler Fox/DIRECTOR 765 FIELD STREET OVIEDO, FLORIDA 32765-9303 e:	Address:  Name and 7	765 FI 0VIEI	ELD STRE	slie Tighe/ I	-9303
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number of shares o <u>TICLE V INITI</u> Name and Tit Address Name and Titl Address	f stock is: <u>AL OFFICERS AND/OR DIRECTORS</u> Austin Tyler Fox/DIRECTOR 765 FIELD STREET OVIEDO, FLORIDA 32765-9303 e:	Address: Name and <sup>7</sup> Address:	Title:	ELD STRE	slie Tighe/ I	-9303

I taine all	d Title:	Name and Title:	
Address	<u></u>	Address:	<u> </u>
	REGISTERED AGENT torida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
me:	Austin Tyler Fox		
dress:	765 FIELD STREET		
11035.	OVIEDO, FLORIDA 32765-9303		
TICLE VII	INCORPORATOR		ł
	idress of the Incorporator is:	-9 -9	-
			1 7
name and a	JoAnn Fox		-
<u>name and ao</u> Name:	JoAnn Fox 1450 Palomino Way		
name and a			
<u>name and ao</u> Name:	1450 Palomino Way		
e <u>name and as</u> Name: Address: TTICLE VIII	1450 Palomino Way		

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

6/22/14 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.

equired Signature/Incorporator

6/22/16