

P170000327/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

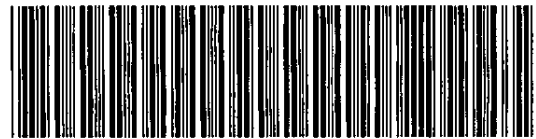
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Whw 21761
Office Use Only

APR 11 2017

T. SCOTT



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03/13/17--01033--017 **78.75

APPROVED
AND
FILED
17 APR - 7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

ALBERT LEVINGS
220 14TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

SUBJECT: AQUATAINE RISK SERVICES, INC
Ref. Number: W17000021761

We have received your document for AQUATAINE RISK SERVICES, 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):

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 217A00006123

March 9, 2017

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

RE: Aquataine Risk Services, INC EIN: 82-0725086

Please find enclosed the completed paperwork and my check for \$78.50. Please feel free to contact me if you have any additional questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Albert Levings', with a stylized flourish at the end.

Albert Levings
Aquataine Risk Services, Inc
220 14th Avenue South
Jacksonville Beach, Fla 32250
352 262-4885/al.aquataine@gmail.com

COVER LETTER

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

SUBJECT: AQUATAINE RISK SERVICES, 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: AQUATAINE RISK SERVICES, INC
Name (Printed or typed)

220 14TH AVENUE SOUTH
Address

JACKSONVILLE BEACH FLA 32250
City, State & Zip

352 262-1885
Daytime Telephone number

FL.AQUATAINE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

EIN: 82-0725086

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

[illegible]

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: Equatime Risk Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

220 14TH AVENUE SOUTH
JACKSONVILLE BCH FLA 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE / RISK CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT LEVINGS CEO Name and Title: _____

Address 220 14TH AVE SOUTH Address: _____

JACKSONVILLE BCH
FL 32250

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 APR - 7 AM 8:46
SECRETARY OF STATE
JACKSONVILLE, FLORIDA
APPROVED
AND
FILED

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: ALBERT LEVINGS
Address: 220 14TH AVENUE SOUTH
JACKSONVILLE BEACH, FLA 32250

ARTICLE VII INCORPORATOR

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

Name: ALBERT LEVINGS
Address: 220 14TH AVENUE SOUTH
JACKSONVILLE BEACH, FLA 32250

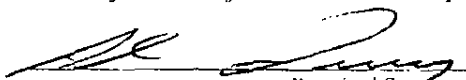
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

1/1/2017
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

1/1/2017
Date

May 26, 2017

Mr. Tyrone Scott
Regulatory Specialist 11
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RECEIVED
17 JUN -7 PM 2:35
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Re: Aquataine Risk Services, Inc/ P17000032712

Dear Mr. Scott,

Please be advised of the following new address for Aquataine Risk Services, Inc:

Albert Levings
Aquataine Risk Services
505 Boardwalk Dr
#226
Ponte Vedra, FL 32082

Thank you.



Albert Levings

JUN 08 2017

T. SCOTT