## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIBSER SKAPP ALEXANDER, PLIC

Account Number : 120150000057 : (813)280-1256

Fax Number 1 (813)251-8715

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please. \*\*

Enail Address: Davi @ Drohs, com

## FLORIDA PROFIT/NON PROFIT CORPORATION WATER & WARES INC.

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

N. SAMS

JAN () 4 2018

## **COVER LETTER**

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

SUBJECT: WA	FER & WARES INC.  (PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the arti	icles of incorporation and	d a check for:			
Filing Fo	0 □ \$78.75 e Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate Status	of		
FROM:	Ghada Skaff	(Printed or typed)			ل 18	٠٠,
	403 N. Howard Avenue	Address		HASSEY HASSEY	18 JAN -4	1
	Tampa, FL 33606	State & Zip		E. FLORIDA	PH 4: 1	
	813-280-1256				-	
	paul@prohs.com	elephone number				
	E-mail address: (to be used	i for future annual report i	notification)			

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

To: Fav: (850) 617-6381

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address 5181 113th Avenue N. Clearwater, FL 33760		Mailing address 5181 113th Avenue N.	, if different is:
		Clearwater, FL 33760	
ARTICLE III PURPO The purpose for which the or hereafter permitted un	PSE he corporation is organized is: This corporation is organized is:	oration may, and is authorized to, en	gage in any business now
			18 JAN -
ARTICLE V INITIA	stock is:  L OFFICERS AND/OR DIRECTORS		F PM 4: 11
Name and Title Address	Michael Riego, President 4295 Via Arbolada, Unit 203		
Address	Los Angelés, CA 90042		
Name and Title:			
Name and Title: Address			

Fax: (813) 251-8715

Name	and Title:	Name and Title:	
Addr	css	Address:	
		_	
	REGISTERED AGENT L Florida street address (P.O. Box NOT acceptable	) of the registered agent is:	
Name:	Michael Riego	of the regions of right is.	
Address:	5181 113th Avenue N.	_	
	Clearwater, FL 33760	78	
		JAN - 4	:
ARTICLE VI	INCORPORATOR	755	
The name and	address of the Incorporator is:	ing R	1
Name:	Ghada Skaff		C
Address:	403 N. Howard Avenue	OTT	
	Tampa, FL 33606	——————————————————————————————————————	
. DOLG! D.W.			
Effective date,	If EFFECTIVE DATE: if other than the date of filing: January 1, 2018	(OPTIONAL)	
(If an effective filing.)	e date is listed, the date must be specific and can	not be more than five days prior or 90 days after the	
Note: If the d	ate inserted in this block does not meet the applicah s effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.	
Having been r this certificate	named as registered agent to accept service of proc I am familiar with and accept the appointment as i	ess for the above stated corporation as the place designated i registered agent and agree to act in this capacity	n
	mine Ruge	January 1, 2018	
	Required Signature/Registered Agent	Date	

To: \_\_\_\_\_\_\_1Fax: ((850, 617.638) \_\_\_\_\_\_

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January 3, 2018

Date