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10/21/19

P19000018837

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

SECRETARY OF STATE
TREASURER OF FLORIDA

19 OCT 22 AM 11:15

FILED

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AQUA DVENTURES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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: AQUA ADVENTURES, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1033 NORTHERN WAY

1033 NORTHERN WAY

WINTER SPRINGS FL 32708

WINTER SPRINGS FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BOATING

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBIN NEILAN - DIRECTOR

Name and Title:

Address 1033 NORTHERN WAY

Address:

WINTER SPRINGS FL 32708

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROBIN NEILAN

Address: 1033 NORTHERN WAY

WINTER SPRINGS FL 32708

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ROBIN NEILAN

Address: 1033 NORTHERN WAY

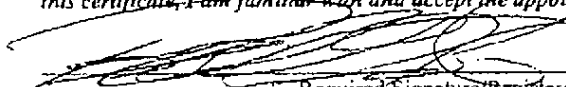
WINTER SPRINGS FL 32708

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 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

10/16/2019

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

10/16/2019

Date