

P200000067030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

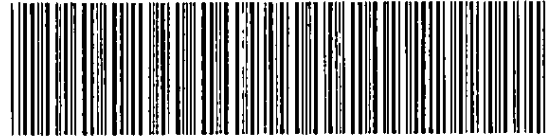
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 AUG 28 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

08/26/20--01021--009 \*\*70.00

2020 AUG 26 PM 1:13  
#124622014  
#124622014



**Department of State  
Division of Corporations**

**Stealth Courier LLC  
1531 Commonwealth Business Dr.  
Ste 105  
Tallahassee, Fl. 32303  
850-294-5632**

## **Stealth Courier Box**

**Company: Inveraqua Co.  
Requester: Corp. Services**

## COVER LETTER

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

**SUBJECT:** INVERAQUA CO

(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:** ED MORA

Name (Printed or typed)

7050 W PALMETTO PARK ROAD. STE 15 300.

Address

BOCA RATON FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@CORPSVCSINTL.COM

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 27, 2020

STEALTH COURIER

SUBJECT: INVERAQUA CO  
Ref. Number: W20000096145

We have received your document for INVERAQUA CO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 220A00016425

2020 AUG 28 PM 12:53

RECEIVED

**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: INVERAQUA CO

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
5550 GLADES ROAD. #300.

BOCA RATON FL 33431

Mailing address, if different is:

7050 W PALMETTO PARK ROAD.  
#15 300.

BOCA RATON FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
INTL SEAFOOD DISTRIBUTION

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

JUAN C MARTINEZ

Name and Title: PRESIDENT Name and Title: \_\_\_\_\_

Address 7050 W PALMETTO PARK RD Address: \_\_\_\_\_  
#15 300  
BOCA RATON FL 33433

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 AGENT**

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

Name: ED MORA  
Address: 7050 W PALMETTO PARK RD #15 300  
BOCA RATON FL 33433

**ARTICLE VII INCORPORATOR**

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

Name: MARC RAFFE  
7050 W PALMETTO PARK  
Address: RD #15 300  
BOCA RATON FL 33433

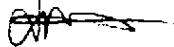
**ARTICLE VIII EFFECTIVE DATE:**

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.

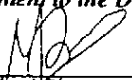
***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***



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

AUGUST 25, 2020  
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

AUGUST 25, 2020  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED