

P20000069438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

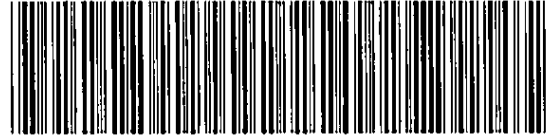
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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SEP 1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/9/2020

****WALK IN****

ENTITY NAME WETBUBBLEZ INC.

DOCUMENT NUMBER _____

*****PLEASE FILE THE ATTACHED AND RETURN*****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

*****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

*****APOSTILLE' / NOTARIAL CERTIFICATION*****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # 120160000072

W: c SW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: WetBubblez Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4914 Flora Avenue

Holiday, FL 34690

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spreads awareness, grows consciousness, inspires creation.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charis Saputo- President/Director

Address: 3351 Roxborough Ave
Clearwater, FL 33762

Name and Title: Frank Saputo-Treasurer/Director

Address: 3351 Roxborough Ave
Clearwater, FL 33762

Name and Title: Jessica Asp- Vice President/Director

Address: 737 Barbara Street
Palm Harbor, FL 34684

Name and Title: Thomas Seyfors-Secretary/Director

Address: 4914 Flora Avenue
Holiday, FL 34690

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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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: Registered Agents Inc.
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Charis Saputo
Address: 3351 Roxborough Ave
Clearwater, FL 33762

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

/s/ Bill Havre

Required Signature/Registered Agent

09.08.2020

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.

/s/ Charis Saputo

Required Signature/Incorporator

09.08.2020

Date

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