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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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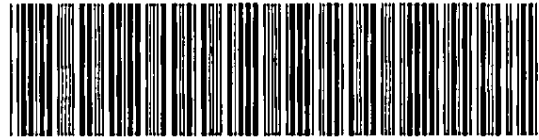
(Business Entity Name)

(Document Number)

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

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COVER LETTER

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

SUBJECT: AQUA WAY TRANSPORTATION 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: DANIEL A. SMITH  
Name (Printed or typed)

27149 SERRANO WAY  
Address

BONITA SPRINGS, FLORIDA 34135  
City, State & Zip

239-272-2342  
Daytime Telephone number

NISELO8@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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 WAVE TRANSPORTATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14004 MIRROR DRIVE
NAPLES, FLORIDA 34114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL ACTIVITIES OF A FLORIDA CORPORATION.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENISE LOSCHIAYO - PRESIDENT

Address: 14004 MIRROR DRIVE
NAPLES FL 34114

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: DENISE LOSCHIAYO

Address: 14004 MIRROR DRIVE  
NAPLES, FL 34114

**ARTICLE VII INCORPORATOR**

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

Name: DANIEL A. SMITH

Address: 27149 SERRANO WAY  
BONITA SPRINGS, FL 34135

**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*

Denise Loschiayo

Required Signature/Registered Agent

4/30/21

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.*

[Signature]

Required Signature/Incorporator

Date 4-30-2021