

TRANSMITTAL LETTER

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

SUBJECT: Reflections AQUARIA, INC
(Proposed corporate name - must include suffix)

800002417129--1
-01/30/98--01049--005
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Gregory M. Otto
Name (Printed or typed)

712 FORSYTH STREET
Address

BOCA RATON, FL 33487-3204
City, State & Zip

561-702-4325
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JAN 30 AM 8:08

FILED

ON 2-3-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Reflections Aquaria, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

712 Forsyth St.
Boca Raton, Fl. 33487-3204

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gregory M. Otto
712 Forsyth Street
Boca Raton, Fl. 33487-3204

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Gregory M Otto
712 Forsyth St.
Boca Raton, Fl. 33487-3204


Signature of Incorporator

1/23/98
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

1/23/98
Date

FILED
98 JAN 30 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA