P09000023399

(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:			





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02/27/09--01014--025 **78.75

PB

TRANSMITTAL LETTER

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

SUBJECT:	CEANWAY B PROPOSED CORPOR	EACH INC ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l'a'check for:
\$70.00	₩ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		·	& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL COPY REQUIRED	
		-	
		, ,	

FROM: BRUCE ReinhardT

Name (Printed or typed)

13645 Spring Hamusock 128

Address

TackSon ville FL 32226

City, State & Zip

(904) 757- 7022

Daytime Telephone number

(904) 534-1326

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



March 2, 2009

BRUCE REINHARDT 13645 SPRING HAMMOCK RD JACKSONVILLE, FL 32226

SUBJECT: OCEANWAY BEACH INC.

Ref. Number: W09000009815

We have received your document for OCEANWAY BEACH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Letter Number: 509A00007146

Paisley A Alford Clerk New Filing Section

Division of Cornerations DO ROY 6227 Tellahagger Florida 22214

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
in complete of the second complete of the sec	
ARTICLE I NAME	
The name of the corporation shall be:	 /
OCEANWAY BEACH IN CORPOR	AIGO
,	
ARTICLE II PRINCIPAL OFFICE	
	7. h . O
13645 Consider Hammock Ro	09
75045 3/5/2/10 4 37 3 3 1	() () () () () () () () () ()
The principal place of business/mailing address is: 13645 Spring Itamunock Rd. TACKSONVILLE, RL 32226	
ARTICLE III PURPOSE	3 M & -
The purpose for which the corporation is organized is:	
connexcial CRAbbing, fishery	₩ ~
12	3
ARTICLE IV SHARES	- <i>'</i>
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	1 (01 3-02/
List name(s), address(es) and specific title(s); BRUCE REIN HAR AT, PALL TOURS, 1365, SPEN	y HAMMACK Rd, UMX, FL 58800
BRUCE KEINHAR AF, PRESTAULI,	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Mr. Bruce E. Reinhardt	e registered agent is.
13645 Spring Hammock Rd.	
Jacksonville, FL 32226	Service
	•
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: BRUCE REINHANDT, 1364, SPRING I HAVE	wock Rd, The FC 32226
BRUCE REINHMAY, 1364 , 1364 , 1511010)	
	and the second
•	•
************	*****
Having been named as registered agent to accept service of process for the above sta	ted corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agr	ree to act in this capacity
D D D D	13-9-00
- DVIKO KENNARY	
Signature/Registered Agent	Date ()
* Bruce Reikhardt	4-4-07
Signature/Incorporator	Date
Rouce Prinhandt	U- U-17