# TRANSMITTAL LETTER

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

BEST VALUE MARINE INC.
(Proposed corporate name - must include suffix)

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 of

Status

**□**\$78.7*5* 

Filing Fee

& Certified Copy

\$87.50

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: FLOR DA ALL BUSINESS SERV Name (Printed or typed)

5 No. BEST POINT Address

INVERNESS FL 34458
City, State & Zip

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

### 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:

Best Value Marine Inc.

ARTICLE II PRINCIPLE OFFICE

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

14060 N. W. 19<sup>th</sup> Ave. Opa Locka, Fl 33054 01 NOV -5 PM 1: 4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

500 Shares

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Walter D. Lundelius, Sr. 5 North Best Point Inverness, Fl 34450

# ARTICLE V INCORPORATOR

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

Walter D. Lundelius, Sr. 5 North Best Point Inverness, Fl 34450

Signature/Incorporator

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(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/Registered Agent

Date

# OFFICERS OF THE COMPANY

Dale A. Toney 14060 N. W. 19<sup>th</sup> Ave. Opa Locka, Fl 33054 Ph. No. 305-685-2453 SSN: 266-47-3970

P/D