

PO20000071210

TRANSMITTAL LETTER

FILED

02 JUN 28 AM 8:26

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: SHRINK WRAPPING BOAT CRADLES,  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

INC.

400006061664--2

-06/27/02--01031--018

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Bruce S. Butler  
Name (Printed or typed)

3850 Galt Ocean Dr. #708  
Address

Ft. Lauderdale, FL 33308  
City, State & Zip

954-566-9400  
Daytime Telephone number

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: Shrink wrapping Boat Cradles, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1827 Middle River Dr. Ste #5  
Fort Lauderdale, Fla. 33305

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Shrink wrapping of Boats for  
transfer of Location

## ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Marian Petruschke Pres/Secy  
1827 Middle River Dr. Ste #5  
Fort Lauderdale, Fla. 33305

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Marian Petruschke Pres/Secy  
1827 Middle River Dr. Ste #5  
Ft. Lauderdale Fla 33305

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marian Petruschke  
1827 Middle River Dr. Ste #5  
Ft. Lauderdale Fla 33305

\*\*\*\*\*  
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

\* Marian Petruschke  
Signature/Registered Agent

06/14/02  
Date

\* Marian Petruschke  
Signature/Incorporator

06/14/02  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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