# P03000048028

MICHAEL 13. IOAAR (Requestor's Name)
12245 DOLPHIN LANE S.W. (Address)
MONKE HAVEN FL 33471
(Address)
(City/State/Zip/Phone #)
(-,,
PICK-UP WAIT MAIL
GLADES BOATWORKS IN (Business Entity Name)
(Business Entity Name)
(Document Number)
(Document rydinber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Dan 4/30/03
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Office Use Only



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# TRANSMITTAL LETTER

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

des Boat Works, Inc.		
(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$78.75	\$78.75	□ \$87.50
		Filing Fee,
& Certificate of Status	•	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
Barbara Louise		** ÷:
Name	(Printed or typed)	
447 \8500 Ct		
417 Williams St., Apr. E		
· <del>-</del> ·	Address	
- » ·		
· · · · · · · · · · · · · · · · · · ·		
City	, State & Zip	
850-222-5129		
Daytime	Telephone number	<u>4, 4, 1, 3</u>
	inal and one (1) copy of the art  \$78.75 Filing Fee & Certificate of Status  Barbara Louise  Name  417 Williams St., Apt. E  Tallahassee, Fl 32303 City  850-222-5129	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status \$78.75  Barbara Louise  Name (Printed or typed)  417 Williams St., Apt. E  Address  Tallahassee, Fl 32303  City, State & Zip

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)

03 APR 30 PH 4: 37

### ARTICLE I NAME

The name of the corporation shall be:

Glades Boat Works, Inc.

# <u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

12245 Doohin Lane S. W. Moore Haven, FI 33471

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

**Pofit Corporation** 

### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Michael B. Todar, President 12245 Dobhin Lane S. W. Moore Haven, Fl 33471

### ARTICLE VI REGISTERED AGENT

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

Barbara Louise 12245 Dolphin Lane S. W. Moore Haven, FI 33471

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael B. Todar 12245 Dophin Lane S.W. Moore Haven, Fl 33471

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

Signature/Registered Agent

Signature/Incorporator