

PO400000 14202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

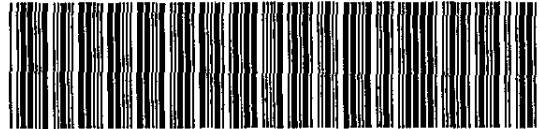
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200025839102

01/13/04--01069--010 **87.50

SECRET
TALLAHASSEE, FLORIDA

04 JAN 13 AM 11:42

FILED

TRANSMITTAL LETTER

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

SUBJECT: Ocean Pines, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John V. Richards
Name (Printed or typed)

29 Ocean Pines Dr
Address

St Augustine, FL 32080
City, State & Zip

(904) 461-5776
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:

Ocean Pines, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

29 Ocean Pines Dr
ST Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provides information services primarily to insurance companies and legal firms.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John V. Richards President
29 Ocean Pines Dr.
ST Augustine, FL 32080

ARTICLE VI REGISTERED AGENT

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


John V. Richards
29 Ocean Pines Dr
ST Augustine, FL 32080

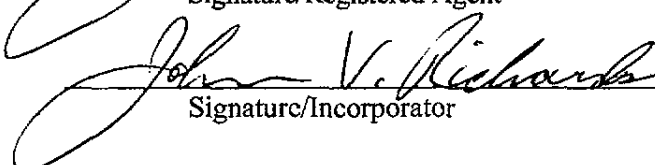
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John V. Richards
29 Ocean Pines Dr.
ST Augustine, FL 32080

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

FILED

04 JAN 13 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/12/2004
Date

1/12/2004
Date