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SECRETARY OF STATE  
DIVISION OF REGISTRATION

## TRANSMITTAL LETTER

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

SUBJECT: ISLAND CHARTER CRUISES, 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  
Filing Fee

☒ \$78.75 *CR# 1056*  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: DAVID N. MCCANN  
Name (Printed or typed)

6155 ALEXANDRIA CIRCLE  
Address

FOOT PIERCE FL 34902  
City, State & Zip

561-310-3497  
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: *ISLAND CHARTER CRUISES, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *6155 ALEXANDRIA CIRCLE  
FORT PIERCE, FL, 34982*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *N/A*

**ARTICLE IV SHARES**

The number of shares of stock is: *1,000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*MR. DAVID N. McCANN, 6155 ALEXANDRIA CIRCLE, FT. PIERCE, FL 34982*  
*MRS. DORIS L. McCANN, 6155 ALEXANDRIA CIRCLE, FT. PIERCE, FL 34982*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*DAVID N. McCANN, 6155 ALEXANDRIA CIRCLE, FT. PIERCE, FL 34982*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*DORIS L. McCANN, 6155 ALEXANDRIA CIRCLE, FT. PIERCE, FL 34982*

\*\*\*\*\*

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

*David N. McCann*  
\_\_\_\_\_  
Signature/Registered Agent

DAVID N. McCANN

*07/13/04*  
\_\_\_\_\_  
Date

*Doris L. McCann*  
\_\_\_\_\_  
Signature/Incorporator

DORIS L. McCANN

*07/13/04*  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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