

PD4000125664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

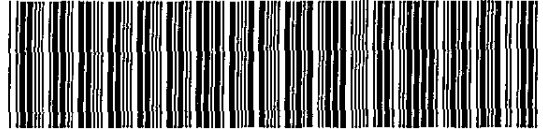
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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700040564237

09/01/04--01008--007 **78.75

RECEIVED
04 SEP - 1 AM 10:15
DIVISION OF CORPORATION

FILED
04 SEP - 1 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TU 9/1/04

TRANSMITTAL LETTER

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

SUBJECT: MARITIME COASTAL DEVELOPMENT CORP.

(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
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Robert Brackett

Name (Printed or typed)

29 Cuna Street

Address

St Augustine FL 32084

City, State & Zip

(904) 824-4594

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:

MARITIME COASTAL DEVELOPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2120 US 1 South, Suite 115

St Augustine FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Contracting

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s):

Robert Brackett, President Sherri Brackett, Vice President & Treasurer

29 Cuna Street

29 Cuna Street

St Augustine FL 32084

St Augustine FL 32084

ARTICLE VI REGISTERED AGENT

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

Robert Brackett

29 Cuna Street

St Augustine FL 32084

ARTICLE VII INCORPORATOR

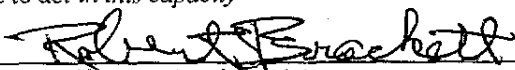
The name and address of the Incorporator is:

Donald J. Segui

2120 US 1 South, Suite 115

St Augustine FL 32086

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



Date



Date

FILED

04 SEP -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA