

PO4000153319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

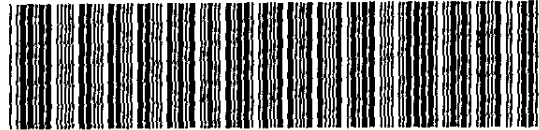
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/9/✓



300042486693

11/08/04--01028--003 **78.75

2004 NOV -8 P 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Mayport Casino 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
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

LEE Utley

Name (Printed or typed)

4738 Ocean Street

Address

Mayport Florida 32233

City, State & Zip

(904) 241-7200

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: *MAYPORT Casino Cruises, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *4738 Ocean Street
Mayport, Florida 32233*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Any lawful business*

ARTICLE IV SHARES

The number of shares of stock is: *one hundred (100)*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Dewayne Williams, P/D
4738 Ocean Street
Mayport, Florida 32233*

ARTICLE VI REGISTERED AGENT

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

*Dewayne Williams
4738 Ocean Street
Mayport, Florida 32233*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dewayne Williams
4738 Ocean Street
Mayport, Florida 32233*

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

Dewayne Williams

Signature/Registered Agent

Dewayne Williams

Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 NOV - 8 P 3:53

FILED

11/05/04

Date

11/05/04

Date