

PD4000183953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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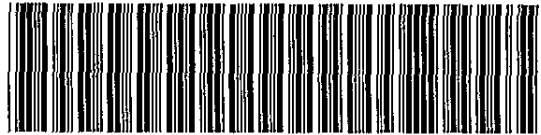
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Corlin Enterprises, 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: Scott D. Kalitta

Name (Printed or typed)

6810 Gulfport Blvd. S.

Address

St. Petersburg, FL 33707

City, State & Zip

(727) 343-6520

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:

Corlin Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6810 Gulfport Blvd. S.
St. Petersburg, FL 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marine service and repair yard, rental of boat slips

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):

Scott D. Kalitta, President
1735 Amberwynd Circle
Palmetto, FL 34221

ARTICLE VI REGISTERED AGENT

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

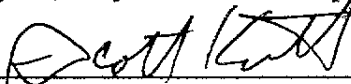
Scott D. Kalitta
6810 Gulfport Blvd. S.
St. Petersburg, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott D. Kalitta
6810 GULFport Blvd. S.
St. Petersburg, FL 33707

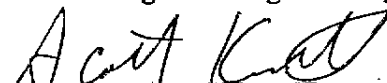
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

NOV 5, 2004

Date



Signature/Incorporator

NOV 5 2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA