## P05000029420

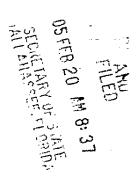
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(City/State/Zip/Phone #)			
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## TRANSMITTAL LETTER

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

SUBJECT: CHEE	CYL SIMPSON'S  (PROPOSED CORPORA	MARING MAINTEL	ANCE INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>IDE SUPPLA</u>
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status
FROM:	CHERYL L.	` "1"	
	525 N.K	Address	···
-	LAKE WORTH,	FL. 3340, State & Zip	0

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 17, 2005

CHERYL L. SIMPSON 525 N K ST LAKE WORTH, FL 33460

SUBJECT: CHERYL SIMPSON'S MARINE MAINT., INC.

Ref. Number: W05000008539

We have received your document for CHERYL SIMPSON'S MARINE MAINT., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 205A00011499

Cynthia Blalock Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPRUVELI AND FILED

		,
ARTICLES OF INCORPORATION		05 FER 24 AM 8: 37
In compliance with Chapter 607 and/or Chapter 62	1, F.S. (Profit)	TALE STATE
ARTICLE I NAME		SECRETARY OF STATE ORIDA
The name of the corporation shall be:	المنافق المستروب المستروب	
Charyl Simpson's M	laring Main	it, Inci
Cheryiomp		•,
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	525 North Lake Worth,	"K"St. FL33460
The purpose for which the corporation is organized fursonally owned busin	lis: For profi	it)
, , , , , , , , , , , , , , , , , , , ,	100 (0 (1,70),00	7
ARTICLE IV SHARES The number of shares of stock is:	F	•
ARTICLE V INITIAL OFFICERS AND/O	אר מעדריים או	
List name(s), address(es) and specific title(s):	The and I St	moson
	Charyl L. SI Dwnar/Presid	ent
	JUNE / F1 4313	111541
	525 North"	K 21.
<u>}</u>	ake Worth, F	-133960
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO	OT acceptable) of the register	ed agent is:
5	heryl L. Sin	, t
<b>^</b>	akeworth,	F1.33460
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	naryl L. Simp	) 500
5.5	ig Ninki sti	
ka	skaworth, FL	33460
****		
Having been named as registered agent to accept service of p	rerees for the above stated cornor	**************************************
certificate, I am familiar with and accept the appointment as re	gistered agent and agree to act in	this capacity
Mercy Sunsant Mgnature/Registered Agent	<u> </u>	2-4-05 Date
100		
Yhered Tomosm	_	2-4-05
Signature/Incorporator		Date
	•	