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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

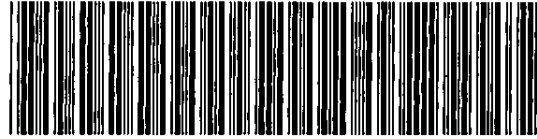
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: TAILIN' SPOTS CHARTERS, 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: KEITH H WALDRON

Name (Printed or typed)

204 STATE ROAD 16

Address

ST AUGUSTINE, FL 32084

City, State & Zip

904-829-9146

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:

TAILIN' SPOTS CHARTERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

204 STATE ROAD 16, ST AUGUSTINE, FLORIDA 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OWN AND OPERATE FISHING CHARTER OPERATIONS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KEITH H WALDRON, PRESIDENT
204 STATE ROAD 16
ST AUGUSTINE, FL 32084

RISA BYRD WALDRON, SEC/TREAS
154 DANCING HORSE DRIVE
HASTINGS, FL 32145

ARTICLE VI REGISTERED AGENT

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

PAUL M WALDRON
204 STATE ROAD 16
ST AUGUSTINE, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEITH H WALDRON
204 STATE ROAD 16
ST AUGUSTINE, FL 32084

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

Paul M. Waldron

Signature/Registered Agent

Keith H. Waldron

Signature/Incorporator

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TALLAHASSEE, FLORIDA

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Signature/Registered Agent

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Signature/Incorporator

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