

P07000085228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

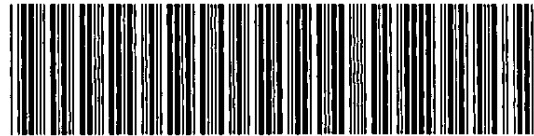
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 JUL 27 PM 3:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
07 JUL 27 PM 3:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
07 JUL 27 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Forgotten Coast Dive Center, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Wayne Mims

Name (Printed or typed)

640 Suite 2 N.E. Capital Circle

Address

Tallahassee, FL 32301

City, State & Zip

850-224-6469

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:

Forgotten Coast Dive Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

640 Suite 2 N.E. Capital Circle
Tallahassee, FL. 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct business as a dive equipment vendor.

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):

Wayne W. Mims - 12021 Cedar Bluff, Tallahassee, FL 32312 - President
John G. Connell - 9884 Alice Connell Lane, FL 32311 - Vice President
Tallahassee

ARTICLE VI REGISTERED AGENT

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

Wayne W. Mims
640 Suite 2 N.E. Capital Circle
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Wayne W. Mims
640 Suite 2 N.E. Capital Circle
Tallahassee, FL 32301

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA