

PO8C00039436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

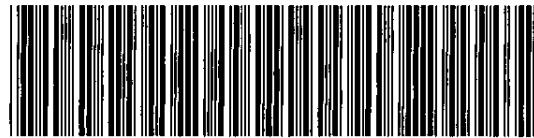
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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4-18-08  
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## COVER LETTER

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

**SUBJECT: LAZY DAZE BOAT RENTALS, 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

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    & Certificate of      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

**FROM: ELAINE THOMPSON**  
Name (Printed or typed)

PO BOX 807  
Address

ASTOR, FL 32102  
City, State & Zip

407 376-5777  
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:

LAZY DAZE BOAT RENTALS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

(STREET) 25131 BLACKWATER LANE, ASTOR, FL 32102  
(MAILING) PO BOX 807, ASTOR, FL 32102

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### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BOAT RENTALS/SHIP STORE

### 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):

MIKE THOMPSON PO BOX 807, ASTOR, FL 32102 - PRESIDENT  
ELAINE THOMPSON PO BOX 807, ASTOR, FL 32102 - VICE PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

ELAINE THOMPSON 25119 BLACKWATER LANE, ASTOR, FL 32102

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIKE THOMPSON PO BOX 807, ASTOR, FL 32102

\*\*\*\*\*  
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

Elaine Thompson  
Signature/Registered Agent

4/16/08  
Date

Mike Thompson  
Signature/Incorporator

4-16-08  
Date