

PD8000047871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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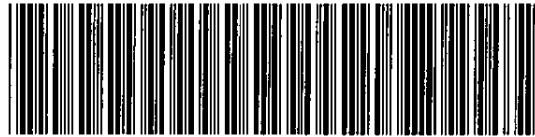
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2008 MAY 12 A 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2008
D. A. WHITE

COVER LETTER

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

SUBJECT: OCEANSHADES 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: MICHAEL J. MULLEN

Name (Printed or typed)

1020 SW 18TH ST

Address

FORT LAUDERDALE, FL 33315

City, State & Zip

954 467 3020

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)

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ARTICLE I NAME

The name of the corporation shall be:

Oceanshades Inc.

2008 MAY 12 A 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

3321 S Andrews Avenue, Suite 24 Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue two thousand (2,000) shares of One cent (\$0.01) par value common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael J. Mullen 1020 SW 18th St Fort Lauderdale, FL 33315 President

Amanda E. Mullen 1020 SW 18th St Fort Lauderdale FL 33315 Treasurer, Company Secretary

ARTICLE VI REGISTERED AGENT

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

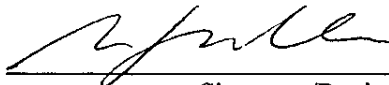
Michael J. Mullen 1020 SW 18th St. Fort Lauderdale, FL 33315

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael J. Mullen 1020 SW 18th St, Fort Lauderdale, FL 33315

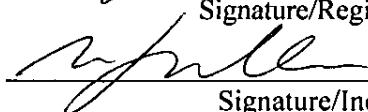
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5.9.2008

Date



Signature/Incorporator

5.9.2008

Date