

P09000057346

(Requestor's Name)

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(City/State/Zip/Phone #)

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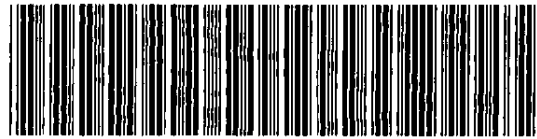
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL -2 P 4:06

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DEPARTMENT OF STATE

09 JUL -2 AM 11:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2009

CAROL MARSHALL
P. O. BOX 674
ST. JAMES CITY, FL 33956

SUBJECT: HOVER CRAFT CHARTERS INC.
Ref. Number: W09000027039

We have received your document for HOVER CRAFT CHARTERS INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the registered agent is illegible.

Please return the corrected 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 209A00019365

COVER LETTER

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

SUBJECT: Hover Craft Charter
(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: C. L. Marshall
Name (Printed or typed)

P.O. Box 674
Address

St James City FL 33956
City, State & Zip

239-707-8264
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:

Hover Craft Charters INC.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address:

17284 San Carlos Blvd
Suite 104
Fort Myer Beach, FL 33931

P.O. Box 674
ST. James City, FL 33956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Give Guide Tours of the Island,
for Vacationing

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):

Carol Marshall 2922 York Rd St James City FL President
Donni Marshall 529 W San Diego St N. Ft Myer Vice President

ARTICLE VI REGISTERED AGENT

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

R.P. Murphy 7437 Key Deer Ct Ft Myer 33956
33966

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P.O. Box 674 St. James City 33956
Carol Marshall

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL - 2 P 4:06

FILED

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.

R.P. Murphy R.P. Murphy

Signature/Registered Agent

4-27-09

Date

Carol Marshall

Signature/Incorporator

4-27-09

Date