# P10000048065

| (Requestor's Name)                      |                    |   |  |  |
|---|--------------------|---|--|--|
| (Ac                                     | ldress)            |   |  |  |
| (Ac                                     | idress)            | · - · · · · · · · · · · · · · · · · · · |  |  |
| (Ci                                     | ty/State/Zip/Phone | <del>)</del> #)                         |  |  |
| PICK-UP                                 | · WAIT             | MAIL                                    |  |  |
| (Business Entity Name)                  |                    |   |  |  |
| (Document Number)                       |                    |   |  |  |
| Certified Copies                        | _ Certificates     | of Status                               |  |  |
| Special Instructions to Filing Officer: |                    |   |  |  |
|   |                    |   |  |  |
|   | ·                  |   |  |  |
|   |                    |   |  |  |

Office Use Only



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06/07/10--01059--001 \*\*70.00

TO JUN -7 AN II: SECRETARY OF STATE

108-10 CB

# **COVER LETTER**

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

| SUBJECT: Laurery     | acht Services, Inc.              |                              |                          |  |
|----------------------|----------------------------------|------------------------------|--------------------------|--|
|                      | (PROPOSED CORPOR                 | ATE NAME – <u>MUST INCL</u>  | UDE SUFFIX)              |  |
|                      |                                  |                              |                          |  |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and  | a check for:             |  |
| [7] #70.00           | <b>□</b> #20.26                  | D ##0 ##                     |                          |  |
| <b>☑</b> \$70.00     | □ \$78.75                        | \$78.75                      | \$87.50                  |  |
| Filing Fee           | Filing Fee                       | Filing Fee                   | Filing Fee,              |  |
|                      | & Certificate of Status          | & Certified Copy             | Certified Copy           |  |
|                      |                                  |                              | & Certificate of         |  |
|                      |                                  | ADDITIONAL CO                | Status                   |  |
|                      |                                  |                              | ADDITIONAL COPY REQUIRED |  |
|                      |                                  |                              |                          |  |
|                      |                                  |                              |                          |  |
|                      |                                  |                              |                          |  |
| FROM: Lac            | ren Anne Reynolds Shiver         |                              | <del></del>              |  |
|                      | Nam                              | e (Printed or typed)         |                          |  |
| 888                  | 0 Shell Island Drive             |                              |                          |  |
|                      |                                  | Address                      |                          |  |
|                      |                                  | . 144. 455                   |                          |  |
| Jac                  | ksonville, FL 32216              |                              |                          |  |
|                      |                                  | State & Zip                  |                          |  |
|                      | •                                | •                            |                          |  |
| 904                  | -534-8845                        |                              |                          |  |
| <u></u> -            | Daytime 7                        | Telephone number             |                          |  |
|                      | •                                |                              |                          |  |
| laure                | elservices@hotmail.com           |                              |                          |  |
|                      | E-mail address: (to be use       | d for future annual report i | iotification)            |  |

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:

Laurel Yacht Services, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 8880 Shell Island Drive

Jacksonville, FL 32216

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

## 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):

Lauren Anne Reynolds Shiver 8880 Shell Island Drive Jacksonville, FL 32216 President

# ARTICLE VI REGISTERED AGENT

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

Lauren Anne Reynolds Shiver 8880 Shell Island Drive Jacksonville, FL 32216

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lauren Anne Reynolds Shiver 8880 Shell Island Drive

Jacksonville, FL 32216

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

