

P/100000/4270

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB -9 PM 4:36

APPROVED  
AND  
FILED

UN

## COVER LETTER

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

SUBJECT: Precision Marine Repair, 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

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

FROM: Steven M. Steen

Name (Printed or typed)

1195 Sorrento Woods Blvd.

Address

Nokomis, FL 34275

City, State & Zip

941 234-2147

Daytime Telephone number

smsteen82@gmail.com

E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

Precision Marine Repair, Inc  
The name of the corporation shall be:

11 FEB -9 PM 4:38

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

Mailing address **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To repair marine engines and marine vessels

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Steven Steen- President  
Address: 1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Steven Steen- Treasure  
Address: 1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: James Steen- Secretary  
Address: 1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

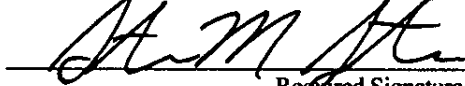
Name: Steven Steen  
Address: 1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven Steen  
Address: 1195 Sorrento Woods Blvd.  
Nokomis Fl 34275

*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*

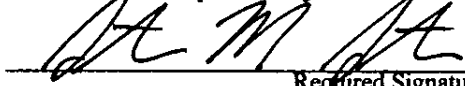


Required Signature/Registered Agent

2-5-11

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

2-5-11

Date