

PII 000048511

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

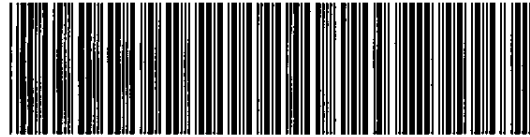
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Requested original file date
and effective date.

dec 5/11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 PM 2:26

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UH

COVER LETTER

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

SUBJECT: Mid Atlantic Cruisers, 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: **Sam Osta**

Name (Printed or typed)

172 San Marco Avenue

Address

St Augustine, FL 32086

City, State & Zip

1-386-383-2900

Daytime Telephone number

samostaconstruction@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 PM 2:26

FILED

Department of State, Division of Corporation,
Clifton Building 2661 Executive Center Circle,
Tallahassee, Florida, 32301

Date: Wednesday 5/19/11

Reference: Mid-Atlantic Cruisers Inc. Document # P09000004982

To Whom it may concern,

In light of extenuating circumstance, it has been decided that renewal of Mid-Atlantic Cruisers will not be necessary. Therefore, I will release Mid-Atlantic Cruisers Inc. so that the new article can be filed. Please send \$70
payed to you online.

Thank you for your cooperation in this matter,

In kind regard,

Sami Osta

172 San Marco Ave.

Saint Augustine, Florida 32084

Cell: (386)383-2900

A handwritten signature in black ink, appearing to be 'Sami Osta', written over a horizontal line.

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: Mid-Atlantic Cruisers, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
172 San Marco Avenue
St Augustine, FL 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Buy and Lease Property

Effective Date: May 10, 2011

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Osta/President
Address: 172 San Marco
St Augustine, FL 32084

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Sam Osta
Address: 172 San Marco Avenue
St Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: _____

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

5-24-11
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

5-24-11
Date

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2011 MAY 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA