

P/1000051025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000141734 3)))



H110001417343ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALEX LIPWORTH BOAT COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

K 05/31/11

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
11 MAY 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY 27 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000141734

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ALEX LIPWORTH BOAT COMPANY
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
4705 NW 132 STREET
OPA LOCKA, FLORIDA 33054

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BOAT BUILDERS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER LIPWORTH
Address: 4705 NW 132 STREET
OPA LOCKA, FLORIDA 33054

Name and Title: _____
Address: _____

Name and Title: PRESIDENT
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:

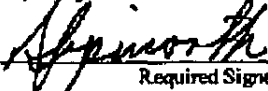
Name: ALEXANDER LIPWORTH
Address: 4705 NW 132 STREET
OPA LOCKA, FLORIDA 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDER LIPWORTH
Address: 4705 NW 132 STREET
OPA LOCKA, FLORIDA 33054

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

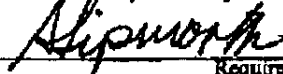


Required Signature/Registered Agent

5/20/2011

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.817.135, F.S.



Required Signature/Incorporator

5/20/2011

Date

H11000141734