

P110000062730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

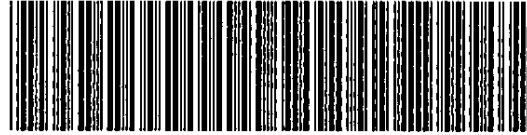
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

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

**SUBJECT: RICE MARINE, 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: **WILLIAM A. RICE**

Name (Printed or typed)

**2219 MAGNOLIA DRIVE**

Address

**DELAND, FL 32724**

City, State & Zip

**386-717-5225**

Daytime Telephone number

**SERVICE@BOATGEARS.NET**

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)

**ARTICLE I NAME**

**RICE MARINE, INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2221 MAGNOLIA DRIVE

DELAND, FL 32724

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY  
BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.**

**ARTICLE IV SHARES**

The number of shares of stock is: **10,000 SHARES OF COMMON STOCK, PAR VALUE \$0.10 PER SHARE**

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

Name and Title: WILLIAM A. RICE, PRESIDENT

Address: 2219 MAGNOLIA DRIVE

DELAND, FL 32724

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

Address: \_\_\_\_\_

Name and Title: DOROTHY D. RICE, VP, SEC & TRES

Address: 2219 MAGNOLIA DRIVE

DELAND, FL 32724

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: WILLIAM A. RICE

Address: 2219 MAGNOLIA DRIVE

DELAND, FL 32724

**ARTICLE VII INCORPORATOR**

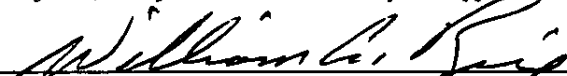
The name and address of the Incorporator is:

Name: WILLIAM A. RICE

Address: 2219 MAGNOLIA DRIVE

DELAND, FL 32724


*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

7/5/2011

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.817.155, F.S.*

  
Required Signature/Incorporator

7/5/2011

Date