

P/1000069203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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W11-37535



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2011

RECEIVED AUG - 1 2011

MARIA D. CID  
942 N.W. 6 AVE.  
HOMESTEAD, FL 33030

SUBJECT: CID MARINE DESIGNS, INC.  
Ref. Number: W11000037535

We have received your document for CID MARINE DESIGNS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the Zipcode in Article I (Principal street address) and in Article V (Officers/Directors).

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00016903

## COVER LETTER

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

SUBJECT: Cid Marine Designs , 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: Maria D. Cid

Name (Printed or typed)

942 N.W. 6 Ave.

Address

Homestead, FL. 33030

City, State & Zip

786-704-2744

Daytime Telephone number

mariacid05@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: **Cid Marine Designs, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**942 N.W. 6 Ave.**  
**Homestead, FL 33030**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The sole purpose in which this corporation is being organized is for marine design services.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: <b>Maria D. Cid - President &amp; Registered Agent</b>	Name and Title: _____
Address: <b>942 NW 6 Ave</b>	Address: _____
<b>Homestead, FL 33030</b>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: **Maria D. Cid**  
Address: **942 N.W. 6 Ave.**  
**Homestead, FL 33030**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Maria D. Cid**  
Address: **942 NW 6 Ave**  
**Homestead, FL 33030**

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

**M. D. Cid**  
Required Signature/Registered Agent

**07-11-2011**  
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.

**M. D. Cid**  
Required Signature/Incorporator

**07-11-2011**  
Date

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