

P11000073132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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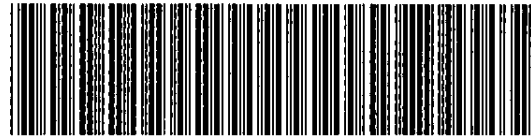
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG 15 AM 11:09

8/16/11

COVER LETTER

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

SUBJECT: MONTE CRISTO YACHT COMPANY

(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: GRACE ROSA JOHNSON

Name (Printed or typed)

6820 INDIAN CREEK DRIVE, 905

Address

MIAMI BEACH, FL 33141

City, State & Zip

305-433-1399

Daytime Telephone number

gracepereda123@yahoo.com

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

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

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME MONTE CRISTO YACHT COMPANY
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
6820 INDIAN CREEK DRIVE, 905
MIAMI BEACH, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To protect my clients and the public against fraud, misrepresentation, or unethical practices in the yacht brokerage profession and protect the interest of our clients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grace Rosa Johnson, President
Address: 6820 Indian Creek Drive, 905
Miami Beach, FL 33141

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: Grace Rosa Johnson
Address: 6820 Indian Creek Drive, 905
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Grace Rosa Johnson
Address: 6820 Indian Creek Drive, 905
Miami Beach, FL 33141

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

Grace Johnson

Required Signature/Registered Agent

08/12/11

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.

Grace Johnson

Required Signature/Incorporator

08/12/11

Date