

P11000076779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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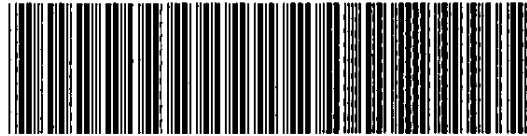
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 AUG 26 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 08/30/11

Bradley Williamson
5900 Myrtle Drive
Ft. Pierce, FL. 34982
(561)512-7486
Brad@BradleyWilliamson.com

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301
(850) 245-6052

11 AUG 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Monday, August 15, 2011

To Whom It May Concern,

I, Bradley Williamson, am the owner of Treasure Expeditions Corporation. Unfortunately, like many businesses we suffered some very hard times and basically had to shut down our business. At this point in time I would like to start doing business again using the same business name.


Per this notarized document I am releasing the business name of Treasure Expeditions Corporation and have included the documents to file my new corporation with the State of Florida and I would like to reclaim the name Treasure Expeditions Corporation so I can use the name for my new business.

Sincerely,

Bradley Williamson
Owner and President of Treasure Expeditions Corporation



THUS DONE & SIGNED BEFORE ME, ON THIS THE
15TH DAY OF AUGUST, 2011, IN NEW IBERIA,
IBERIA PARISH, LOUISIANA.


NOTARY PUBLIC

LOUISIANA NOTARY # 22228

COVER LETTER

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

SUBJECT: Treasure Expeditions Corporation
(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: Bradley Williamson
Name (Printed or typed)

5900 Myrtle Drive
Address

Ft. Pierce, FL. 34982
City, State & Zip

(561) 512-7486
Daytime Telephone number

Brad@TreasureExpeditions.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: Treasure Expeditions Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

5900 Myrtle Drive
Ft. Pierce, FL
34982

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bradley Williamson

Name and Title: _____

Address: / C.E.O.

Address: _____

5900 Myrtle Drive
Ft. Pierce, FL 34982

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: Bradley W. Williamson

Address: 5900 Myrtle Drive
Ft. Pierce, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bradley Williamson

Address: 5900 Myrtle Drive
Ft. Pierce, FL 34982

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

BW

Required Signature/Registered Agent

08/20/2011
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.817.155, F.S.

BW

Required Signature/Incorporator

08/20/2011
Date

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