## 711000090058

(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:					
M*1.4 0015					
Mike GAVE ANTHORIZATION BY PHONE TO CORRECT Short D-TE 10-14-11 DOC. EXAM TS					
CORRECT_Short					
D-TE					
DOO, EXAM					

Office Use Only



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10/13/11--01017--013 \*\*78.75

ZUII OCT 13 MI ID: 83

S. SHIVERS OCT 1 . 9011

Michael Whitsitt 5032 Creekside TRL Sarasota FL 34243

Date

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$70.00.

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is 941-549-0466.

With kindest regards, I am

Sincerely/yours

Signature

**Enclosures** 

Check # 39 Enclosed for \$78.75

CONTRACTOR AND A SECOND

APPLE BY LARGE
APPLE BY LARGE

## **COVER LETTER**

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

SUBJECT: Suncoast Paddleboard Company (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
(PROPOSED CORPORA)	FE NAME – <u>MUST INC</u>	LUDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	<b>578.75</b>	\$87.50					
Filing Fee Filing Fee & Certificate of Status	LIFiling Fee & Certified Copy	Lifiling Fee, Certified Copy & Certificate of Status					
	ADDITIONAL C	OPY REQUIRED					
FROM: Michael Whitsitt Name	(Printed or typed)						
5032 Creekside Trail			2				
A	ddress	LLAI	2811 OCT 13	######################################			
Sarasota FL 34243	State & Zip	TAR TASS	CT I	FILED			
City, s	state & Zip	EE.					
941-549-0466  Daytime Telephone number							
. Daytine re	repriorie number	STATE FLORIDA	33	Share!			
whitsitt3@msn.com E-mail address: (to be used	for future annual report						

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 Suncoast Paddleboa	ard Company	
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
	5032 Creekside Trail	P.O. Box 817_	
	Sarasota FL 34243	Sarasota FL 3	4230
ARTICLE III			
	which the corporation is organized is:		
•	a paddleboard rental and sales serv		ide an enjoyable and safe
recreationa	I service for local residents and vaca	ationers.	
ARTICLE IV	SHARES		
The number of s	hares of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>	
Name and	Title: Michael Whitsitt President		· · · · · · · · · · · · · · · · · · ·
Address:	5032 Creekside Trail		
	Sarasota FL 34243	<del></del>	
Name and	Title: Norma F. Whitsitt Vice-Presiden	nt Name and Title:	
Address:	5032 Creekside Trail	Address:	
112210221	Sarasota FL 34243		
Name and	Title: Norma E. Whitsitt Secretary-Treas	surer Name and Title:	
Address:	5032 Creekside Trail		
ridaross.	Sarasota FL 34243		**************************************
ADTICLE UI	REGISTERED AGENT		2011 OCT SECRETA
The name and F	Torida street address (P.O. Box NOT acceptable	e) of the registered agent is:	<b>E</b>
Name:	Michael Whitsitt		
Address:	5032 Creekside Trail		
	Sarasota FL 34243		SEX SS
			# ≥ m
ARTICLE VII			F-(1)
i ne <u>nam<b>e an</b>d a</u> Name:	ddress of the Incorporator is:		ORID.
Address:	Michael Whitsitt	<del></del>	ම්ල් හ
Aduless.	5032 Creekside Trail Sarasota FL 34243		> <b>co</b>
	Salasula I L 54245	<del></del>	
	med as registered agent to accept service of pro-		
nis cerujicate, i	am familiar with and accept the appointment a	s registerea agent ana agree to	act in this capacity
NAME	EL WHITSITT / MUND	10/17/11	40/9/2004
MICHAL	EL WHITSITT / MM	y www	10/8/2001
	Required Signature/Registered Agent	l	Date
	cument and affirm that the facts stated herein		
locument to the	Department of State constitutes whird degree f	elony ds provided for in s.817.1	155, F.S.
MAICILA	E/ 1/11/150	11/1/	
MICHA	EL WHITSITT/ While	Cy / My	10/8/2001
	Dequired Cignotites/Incorporator	• //	Date