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· (R	equestor's Name)		
. (A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE

11/18/11

## **COVER LETTER**

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

SUBJECT: Fathom Marine Serv	ices Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee  & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Michael Elliott Howard Name	(Printed or typed)
256 Dahlia Ct	
	Address
Bradenton, FL 34212	State & Zip
941-704-8521  Daytime Te	elephone number
info@fathomms.com	•

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)

The name of the corpo	AME Fathom Marine Services oration shall be:	s Inc.		
ARTICLE II P	RINCIPAL OFFICE Principal street address	Mailin	Mailing address, if different is:	
256 Bra	S Dahlia Ct Identon, FL 34212			
	TRPOSE  h the corporation is organized is: essional boat maintenance and rep	airs.		
ARTICLE IV Si				
	IITIAL OFFICERS AND/OR DIRECTOR			
Name and Title: Address:	Michael Elliott Howard/President	Name and Title: Address:		
	.256.Dahlia Ct	<del></del>		
	Bradenton, FL 34212	·	<del></del>	
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Address:		Address:		
Name and Title: Address:		Name and Title:Address:		
	EGISTERED AGENT  a street address (P.O. Box NOT acceptable) of  Michael Elliott Howard		ALE NO	
Address:	256 Dahlia Ct	•		
	Bradenton, FL 34212	•	85 6	
	ICORPORATOR		Me a Th	
	ss of the Incorporator is:		7. 5	
Name: Address:	Michael Elliott Howard 256 Dahlia Ct			
. 144. 455.	Bradenton, FL 34212			
	as registered agent to accept service of process amiliar with and accept the appointment as regi			
"~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TIPRE		11-9-11	
	Required Signature/Registered Agent		Date	
I submit this docume	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony	true. I am aware that t	7.155, F.S.	
27:	011		//- 9- //	
	Required Signature/Incorporator		Date	