

P110000101510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

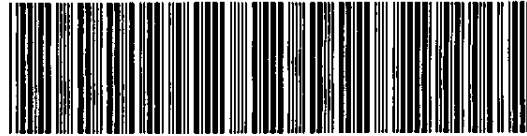
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300214343003

EFFECTIVE DATE

1-1-12

11/23/11--01020--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 23 PM 1:30

Ps 11/29/11

COVER LETTER

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

SUBJECT: LEWIS BOAT TRANSPORT 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: CAMILLE LEWIS
Name (Printed or typed)

7228 MIMOSA GROVE TRAIL
Address

JACKSONVILLE FL 32210
City, State & Zip

904-378-9311
Daytime Telephone number

CAMILLESBOAT@GMAIL.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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

LEWIS BOAT TRANSPORT INC

The name of the corporation shall be:

11 NOV 23 PM 1:30

ARTICLE II PRINCIPAL OFFICE

Principal street address
7228 MIMOSA GROVE TRAIL
JACKSONVILLE FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EFFECTIVE 01/01/2012 LOGISTICS - TRANSPORTING BOATS AND OR BOAT RELATED
ITEMS INTERSTATE AND INTRASTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

EFFECTIVE DATE 1-1-12

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAMILLE LEWIS CEO
Address: 7228 MIMOSA GROVE TRAIL
JACKSONVILLE FL 32210

Name and Title: _____
Address: _____

Name and Title: ZAYCHINA NANCE VICE PRESIDENT
Address: 4246 AUGUSTUS OAK COURT
TALLAHASSEE FL 32303

Name and Title: _____
Address: _____

Name and Title: TENISHA LEWIS VICE PRESIDENT
Address: 201 PALM CIRCLE EAST
PEMBROKE PINES FL 33025

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: ZAYCHINA NANCE
Address: 4246 AUGUSTUS OAK COURT
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAMILLE LEWIS
Address: 7228 MIMOSA GROVE TRAIL
JACKSONVILLE FL 32210

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

Zaychina Nance

Required Signature/Registered Agent

11/07/2011

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.

Camille Lewis

Required Signature/Incorporator

11/07/2011

Date