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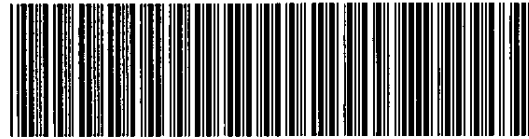
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 DEC -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/5

COVER LETTER

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

SUBJECT: Low Tide Dock Staia Co.
(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: FRASIER O. BINGHAM
Name (Printed or typed)

407 LAKE SHORE DRIVE
Address

BAINBRIDGE, GEORGIA 39819
City, State & Zip

850-567-1459
Daytime Telephone number

FRABIN39@HOTMAIL.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)

11 DEC -2 PM 1:42

ARTICLE I NAME

The name of the corporation shall be: Low Tide Dock Stair Co.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
4500 N. FEDERAL HWY # 265
Lighthouse Point, Florida
33064

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The manufacture, distribution, and sale of Dock Stairs

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES P. BINGHAM
Address: PRESIDENT: TREASURER
4500 N. FEDERAL HWY # 265
Lighthouse Point, FL 33064

Name and Title: _____
Address: _____

Name and Title: FRASIER O. BINGHAM
Address: VICE PRESIDENT: SECRETARY
407 LAKESHORE DRIVE
BAINBRIDGE, GA. 39819

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: CHARLES P. BINGHAM
Address: 4500 N. FEDERAL HWY # 265
Lighthouse Point, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRASIER O. BINGHAM
Address: 407 LAKESHORE DRIVE
BAINBRIDGE, GA 39819

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

Charles P. Bingham
Charles P. BINGHAM Required Signature/Registered Agent

11-29-11

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.

Fraser O. Bingham
FRASIER O. BINGHAM Required Signature/Incorporator

11-01-2011

Date