

P12000002099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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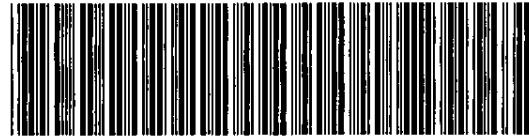
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -6 PM 1:46

PS 1/8/12

COVER LETTER

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

SUBJECT: Coastal Dock Builders 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: Daniel T Michelbrink

Name (Printed or typed)

627 Yupon Ave

Address

New Smyrna Beach Florida 32169

City, State & Zip

386-314-6313

Daytime Telephone number

dmichelbrink@earthlink.net

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

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ARTICLE I NAME Coastal Dock Builders Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
627 Yupon Ave
New Smyrna Beach
Florida 32169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Dock building and repair.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel T Michelbrink Pres.	Name and Title: _____
Address: 627 Yupon Ave	Address: _____
New Smyrna Beach	_____
Florida 32169	_____

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: Daniel T Michelbrink
Address: 627 Yupon Ave
New Smyrna Beach FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel T Michelbrink
Address: 627 Yupon Ave
New Smyrna Beach FL 32169

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

Daniel T Michelbrink
Required Signature/Registered Agent

1/3/12
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.

Daniel T Michelbrink
Required Signature/Incorporator

1/3/12
Date