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(Requestor's Name) (Address)	300229355293
(Address) (City/State/Zip/Phone #)	
(Document Number)	04/16/1201042027 **78.75
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2012

MICHAEL MESSINA 917 EATON ST KEY WEST, FL 33040

SUBJECT: BONE ISLAND OUTFITTERS, INC. Ref. Number: W12000021267

We have received your document for BONE ISLAND OUTFITTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 912A00011993

www.sunbiz.org

COVER LETTER

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

£6.

SUBJECT: Bone Island Outfitters, 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

:

✓ Filing Fee & Certificate of Status

\$78.75

\$78.75	\$87.50 Filing Fee,		
Filing Fee			
& Certified Copy	Certified Copy & Certificate of		
	Status		
ADDITIONAL C	0.000		
ADDITIONAL COPY REQUIRED			

FROM: Michael Messina		
Name (Printed or typed)	20 TAL	
	SE	
917 Eaton St.	2012 APR SECRET	
Address	PR PR	5
	SSESSE	Andrease and a second
Key West, FL 33040	m_	AND MAR
City, State & Zip		1 X
	9 9 28	100 A
305-304-9336	STAR 5	
Daytime Telephone number		

<u>ginamkennedy@hotmail.com</u> 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)

ARTICLE I NAME

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Bone Island Outfitters, Inc. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

ć

Principal street address 917 Eaton St. Key West, FL 33040

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce, market, sell Clothing, and at door wear and gear. and to conduct and transact all lawfull business activities allowed under the lows of the state of Florida.

<u>ARTICLE</u>	<u>IV</u>	SHA	REE	
The number	of sha	res of:	stock	is:

ARTICLE V

One

INITIAL OFFICERS AND/OR DIRECTORS

million (1,000,000)

Name and Ti	tle: Michael Messina/President		<u> </u>
Address:	917 Eaton St.		<u> </u>
	Key West, FL 33040		
Name and Tit	tle:	Name and Title:	
Address:		Address:	
A statute of the			
A B. A. SARAT A	** <u></u>	·····	. · · b
Name and Tit	tie:	Name and Title:	
		Address:	
		····	
			
ARTICLE VI	REGISTERED AGENT		2012 APR
	rida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	DI2 AP
Name:	Michael Messina		HA P
Address:	917 Eaton St		TAR
	Key West, FL 33040		SEX 5
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
	Michael Messina		
Address:	917 Eaton St.		27 57

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

oppino

Required Signature/Registered Agent

Key West, FL 33040

4/12/12

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.

Required Signature/Incorporator

4/12/12