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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 1 PM 1:52

ps 5/4/12

COVER LETTER

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

SUBJECT: Clipper Ship Enterprises, 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: Joseph H. Montpelier
Name (Printed or typed)

640 Yupon Ave
Address

New Smyrna Beach, FL 32169
City, State & Zip

386 4288679
Daytime Telephone number

joseph.montpelier@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)

ARTICLE I NAME

The name of the corporation shall be: Clipper Ship Enterprises, Inc.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
640 Yupon Ave
New Smyrna Beach, FL 32169

12 MAY -1 PM 1:52
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph H. Montpelier
Address: President, Secretary, Treasurer
640 Yupon Ave
New Smyrna Beach, FL 32169

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

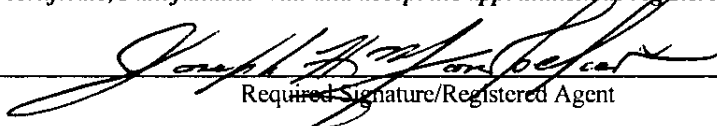
Name: Joseph H. Montpelier
Address: 640 Yupon Ave
New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

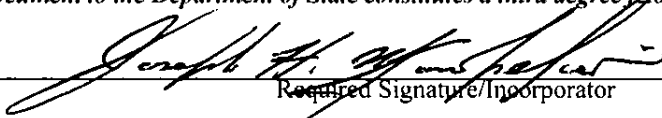
Name: Joseph H. Montpelier
Address: 640 Yupon Ave
New Smyrna Beach, FL 32169

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


Required Signature/Registered Agent

04/24/2012
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.


Required Signature/Incorporator

04/24/2012
Date