

P120000052705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

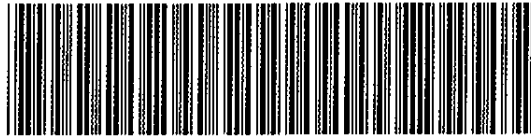
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800235798268

06/07/12--01002--014 **78.75

FILED
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
12 JUN -7 AM 7:57

6/11
8

COVER LETTER

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

SUBJECT: Crew Coast 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
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jonathan Palma, Esq.
Name (Printed or typed)

5510 Roosevelt Boulevard
Address

Clearwater, Florida 33760
City, State & Zip

(727)669-3909
Daytime Telephone number

jmpalma@palmalawgroup.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 Crew Coast Outfitters, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 212 Shore Drive
Palm Harbor, Florida 34683
Mailing address, if different is: P.O. Box 436
Ozona, Florida 34660

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Outdoor marine environment clothing line.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Christian Troy Jone, President Name and Title: _____
Address: 212 Shore Drive Address: _____
Palm Harbor, Florida 34683

Name and Title: Jonathan Michael Palma, Vice Pres. Name and Title: _____
Address: 5510 Roosevelt Boulevard Address: _____
Clearwater, Florida 33760

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: Jonathan M. Palma
Address: 5510 Roosevelt Boulevard
Clearwater, Florida 33760

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jonathan M. Palma
Address: 5510 Roosevelt Boulevard
Clearwater, Florida 33760

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
12 JUN -7 AM 7:57

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

Required Signature/Registered Agent
6/4/2012
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
6/4/2012
Date