

P/20000720/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

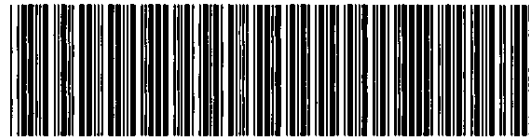
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

COVERED "SAME" TERM  
FROM INCORPORATOR'S  
ADDRESS WITH "CUT + PASTE"  
ALSO CORRECTED ADDRESSES  
TO MATCH.

Office Use Only



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12 AUG 20 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 08/22/12

## COVER LETTER

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

SUBJECT: CEDAR KEY CHARTER SERVICE, I.N.C.  
(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: ROBERT SOLANO  
Name (Printed or typed)

11229 E. RIVERVIEW DR.  
Address

RIVERVIEW, FL. 33578  
City, State & Zip

813-677-9640  
Daytime Telephone number

RSOLANO@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)

**ARTICLE I NAME** CEDAR KEY CHARTER SERVICE, INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1202 S. 78th Street  
Tampa, FL 33619

Mailing address, if different is:

11229 E. RIVERVIEW DR.  
TAMPA, FL 33578  
RIVERVIEW,

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

500 par value \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT SOLANO

Address: 11229 E. RIVERVIEW DR.

RIVERVIEW, FL 33578

President

Name and Title:

Address:

Name and Title: BRIAN SOLANO

Address: 11229 E. RIVERVIEW DR.

RIVERVIEW, FL 33578

Secretary

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: ROBERT SOLANO

Address: 1202 SOUTH 78th STREET

TAMPA, FLA 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT SOLANO

Address: 1202 SOUTH 78th STREET

TAMPA, FLA 33619

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

*Robert Solano*

Required Signature/Registered Agent

8/15/2012  
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.

*Robert Solano*

Required Signature/Incorporator

8/15/2012  
Date

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