

P12000089099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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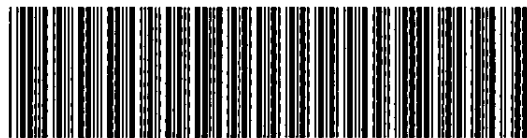
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307

✓

10/23/12  
5

## COVER LETTER

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

SUBJECT: Pirate's Cove of Ozello, 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: George H. Decker

Name (Printed or typed)

P O Box 784

Address

Kodak, TN 37764

City, State & Zip

865-712-0117

Daytime Telephone number

deckercoin@aol.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**

Pirate's Cove of Ozello, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2520 Winfield Dunn Pkwy  
Kodak, TN 37764

Mailing address, if different is:

P O Box 784  
Kodak, TN 37764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
The development of the Pirate's Cove Resort in Ozello, Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: George H. Decker, President	Name and Title: _____
Address: P O Box 784	Address: _____
Kodak, TN 37764	_____
_____	_____

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:

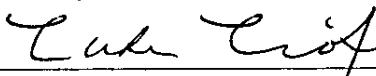
Name: Luke Lirot, Esq.  
Address: 2240 Belleair Road, Suite 190  
Clearwater, FL 33764

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: George H. Decker  
Address: P O Box 784  
Kodak, TN 37764

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

	10-8-12
Required Signature/Registered Agent	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.

	10-15-12
Required Signature/Incorporator	Date

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