

P130000046195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

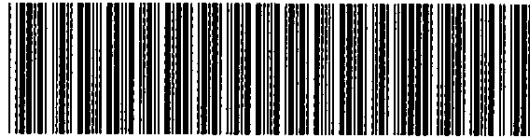
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100248169501

05/23/13--01009--019 **87.50

FILED
13 MAY 23 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: BLADE RUNNER AIRBOATS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: WAYNE E. SMITH
Name (Printed or typed)
3535 EAST FLYING ARROW PATH
Address
HERNANDO, FL 34442
City, State & Zip
727-688-7176
Daytime Telephone number
FL750@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

The name of the corporation shall be:

BLADE RUNNER AIRBOATS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**3535 EAST FLYING ARROW PATH
HERNANDO, FL 34442**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIGHT MANUFACTURING AND RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **WAYNE E. SMITH, PRESIDENT**

Name and Title:

Address **3535 EAST FLYNG ARROW PATH**

Address:

HERNANDO, FL 34442

Name and Title: **MARGARET E. SMITH, SEC/TREAS**

Name and Title:

Address **3535 EAST FLYING ARROW PATH**

Address:

HERNANDO, FL 34442

Name and Title:

Name and Title:

Address

Address:

FILED
13 MAY 23 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

FILED

Name and Title: _____ Name and Title: 13 MAY 23 PM 4:02
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

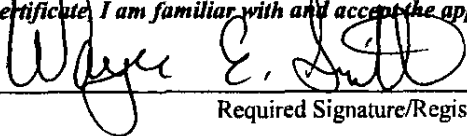
Name: WAYNE E. SMITH
Address: 3535 EAST FLYING ARROW PATH
HERNANDO, FL 34442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WAYNE E. SMTH
Address: 3535 EAST FLYING ARROW PATH
HRNANDO, FL 34442

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

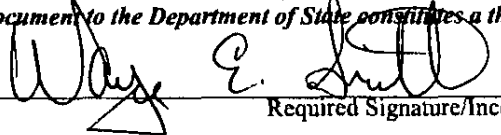


Required Signature/Registered Agent

5-17-2013

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

5-17-2013

Date