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(Re	equestor's Name)			
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DI WEIGH OF CORPORATION

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COVER LETTER

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

_{SUBJECT:} Boa	t Basics, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: C	harlotte Hoover	(Directory)	
90	00 SW 12 Street,	(Printed or typed)	
		Address	
F	ort Lauderdale, Fl	_ 33315	

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

954-257-8312

BoatBasicsFTL@aol.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2013

CHARLOTTE HOOVER 900 SW 12TH STREET APT 108 FT.L AUDERDALE, FL 33315

SUBJECT: BOAT BASICS, INC. Ref. Number: W13000051300

We have received your document for BOAT BASICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 113A00021737

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo	AME Boat Basic	cs, Inc.	
TICLE II P	RINCIPAL OFFICE Principal street address		ress, if different is:
	ale, FL 33315		
TICLE III PU	RPOSE the corporation is organized is:	on-line retail to sell acces	sories for boats
	IITIAL OFFICERS AND/OR		
TICLE V IN	IITIAL OFFICERS AND/OR	president Name and Title:	· · · · · · · · · · · · · · · · · · ·
TICLE V IN	ittial officers and/or	Thesiden Thame and Title:	-
Name and Ti	Charlotte Hoover 900 SW 12 Street A108 Fort Lauderdale, F	Thesiden Thame and Title:	- <u>.</u> .
Name and Ti	Charlotte Hoover 900 SW 12 Street A108 Fort Lauderdale, F	Address: Address: Name and Title:	
Name and Ti Address Name and Tit	Charlotte Hoover 900 SW 12 Street A108 Fort Lauderdale, F	Address: Address: Name and Title:	
Name and Ti Address Name and Tit Address	Charlotte Hoover 900 SW 12 Street A108 Fort Lauderdale, F	Address: Address: Name and Title:	

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Charlotte Hoover	
Address:	900 SW 12 Street, A108	
	Fort Lauderdale, FL 33315	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Charlotte Hoover	
Address:	900 SW 12 Street, A108	
	Fort Lauderdale, FL 33315	
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity 9-7-13
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
CA	selolle Home	9-7-13
	Required Signature/Incorporator	Date