

PK40000002884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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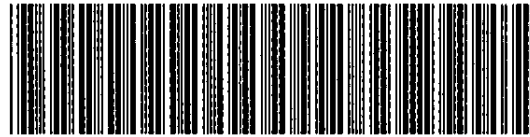
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 10 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/13-68260

MD 1/13

COVER LETTER

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

SUBJECT: Marine Insurance, 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: Alison Gladowsky, Esq.
Name (Printed or typed)

18 Manor Rd.
Address

Smithtown NY 11787
City, State & Zip

631.361.3303
Daytime Telephone number

alison@gladowsky.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2013

ALISON GLADOWSKY, ESQ.
18 MANOR ROAD
SMITHTOWN, NY 11787

SUBJECT: MARINE INSURANCE, INC.
Ref. Number: W13000068260

We have received your document for MARINE INSURANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 813A00028392

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: Marine Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

555 West Granada Blvd. Ste 2-G

Ormond Beach, Fl. 32174

Mailing address, if different is:

P.O. Box 730179

Ormond Beach, Fl. 32173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform any and all lawful business activity.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 200 No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian Mahlstedt Name and Title: _____

Address P.O. Box 730179 Address: _____

Ormond Beach, Fl.

32173

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Christian Mahlstedt
Address: 555 West Granada Blvd. Ste. 2-G
Ormond Beach, Fl. 32174

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14 JAN 10 PM 2:19
RECORDS & CLERK
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christian Mahlstedt
Address: P.O. Box 730179
Ormond Beach, Fl. 32173

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

12/26/13

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

12/26/13

Date