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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

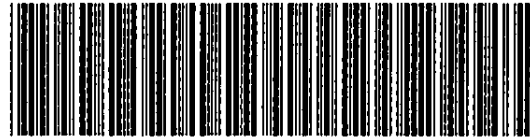
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **SANDSTROM MARINE CONSULTING, 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: **KARL SANDSTROM**  
Name (Printed or typed)

**3160 NW ARROWWOOD LANE**  
Address

**JENSEN BEACH, FL 34957**  
City, State & Zip

**772-349-2927**

Daytime Telephone number

**ksandstrom.marine@gmail.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: SANDSTROM MARINE CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3160 NW ARROWWOOD LANE

JENSEN BEACH, FL 34957

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation may transact any and all business for which corporations may be incorporated under the Laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares

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

Name and Title: KARL SANDSTROM - PRESIDENT

Name and Title: \_\_\_\_\_

Address: 3160 NW ARROWWOOD LANE

Address: \_\_\_\_\_

JENSEN BEACH, FL 34957

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: KARL SANDSTROM  
Address: 3160 NW ARROWWOOD LANE  
JENSEN BEACH, FL 34957

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KARL SANDSTROM  
Address: 3160 NW ARROWWOOD LANE  
JENSEN BEACH, FL 34957

*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*

\_\_\_\_\_  
*Karl C. Sandstrom*  
Required Signature/Registered Agent  
\_\_\_\_\_  
2/20/14  
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.*

\_\_\_\_\_  
*Karl C. Sandstrom*  
Required Signature/Incorporator  
\_\_\_\_\_  
2/20/14  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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