

P140000021801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

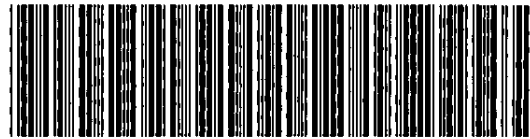
(Business Entity Name)

(Document Number)

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

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14 MAR 10 PM 3:57  
CLERK OF THE STATE  
AT LANSING, FLORIDA

MD 3/11

## COVER LETTER

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

**SUBJECT:** Crystal Island Adventures, 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:** Robert Lillard

Name (Printed or typed)

11150 N. Williams St. Ste8

Address

Dunnellon, Fl. 34432

City, State & Zip

352-209-6222

Daytime Telephone number

Islandflyr@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: Crystal Island Adventures, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11150 N Williams St, Ste8

Dunnellon, Fl. 34432

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Crystal Island Adventures, Inc. will design, book and / or assist its customers

in all aspects of having a great Bahamas bonefishing excursion.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert Lillard, President

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

Address 11150 N Williams St Ste 8

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

Dunnellon, Fl. 34432

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(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: Robert Lillard  
Address: 11150 N Williams St Ste 8  
Dunnellon, Fl. 34432

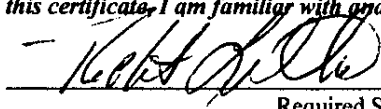
14 MAR 10 PM 3:57  
STATE  
DEPT. OF STATE  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Lillard  
Address: 11150 N Williams St Ste 8  
Dunnellon, Fl. 34432

*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*

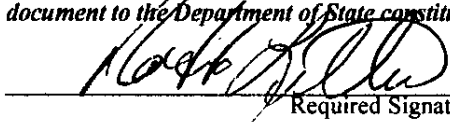


Required Signature/Registered Agent

March 7, 2014

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

March 7, 2014

Date