

PH000024567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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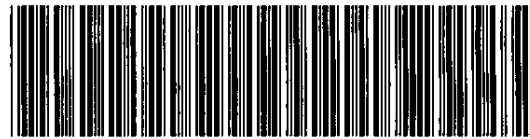
(Business Entity Name)

(Document Number)

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

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14 MAR 17 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT: MARINE SURVEYOR SERVICES CORP.**  
(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: ALVARO BARSALLO**  
Name (Printed or typed)  
**4333 SE COVE LAKE CIR #102**  
Address  
**STUART FLORIDA 34997**  
City, State & Zip  
**772-219-3338**  
Daytime Telephone number  
**info@marinesurveyorservices.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:

**MARINE SURVEYOR SERVICES CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4333 SE COVE LAKE CIR #102**

**STUART FLORIDA 34997**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**MARINE SURVEYOR SERVICES WILL BE GIVE**

**MARINE CREW MANAGING SERVICES TO VESSEL OWNER, RECRUITING**

**TECHNICAL PERSONEL. WE WILL OFFER TECHNICAL INSPECTION**

**WITH ACREDITED PERSONNEL FOR VESSEL PANAMA , TANZANIA**

**SIERRA LEONA, TOGO, GEORGIA, MALDOVA, JAMAICA AND**

**DOMINICAN REPUBLIC FLAG.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**3**

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

Name and Title: **ALVARO BARSALLO - President**

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

Address **4333 SE COVE LAKE CIR#102**  
**STUART FLORIDA 34997**

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

Name and Title: **Chelsea Gannon - Director**

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

Address **4333 SE COVE LAKE CIR #102**  
**STUART FLORIDA 34997**

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

Name and Title: **ANNY GRAELL - VICE-PRESIDENT**

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

Address **6801 INDIAN CREEK DR #409**  
**NORTH MIAMI BEACH, FL 33141**

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

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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: ALVARO BARSALLO

Address: 4333 SE COVE LAKE CIR #02

STUART, FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MYOZOTIS R. SANCHEZ

Address: 4333 SE COVE LAKE CIR #102

STUART FL 34997

*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*

Alvaro Barsallo

Required Signature/Registered Agent

3/15/2014

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.*

Myotis R. Sanchez

Required Signature/Incorporator

3/15/2014

Date

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