

P14000034326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

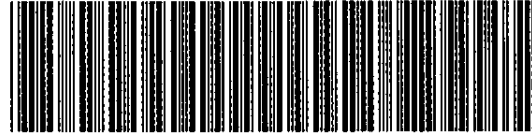
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300256882403

02/28/14--01038--002 \*\*70.00

FILED

14 APR 16 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-14224

04/17/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 APR 13 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 5, 2014

PATRICK BOYD  
6112 PINE TERRACE  
PLANTATION, FL 33317

SUBJECT: MARINE HBI  
Ref. Number: W14000014224

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

We are enclosing the proper form(s) with instructions for your convenience.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00004789

## COVER LETTER

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

SUBJECT: MARINE HBI 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: Patrick A. Boyd  
Name (Printed or typed)

6112 PINE TERRACE  
Address

PLANTATION, FLORIDA 33317  
City, State & Zip

954-651-4488  
Daytime Telephone number

cboyd9@bellsouth.net  
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 HBI INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6112 PINE TERRACE

PLANTATION, Florida 33317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Due to the increased demand for marine maintenance I felt that creating this corporation was imperative to continue in this occupation and maintain professionalism in marine maintenance.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Patrick A Boyd - President Name and Title: \_\_\_\_\_

Address: 6112 PINE TERRACE Address: \_\_\_\_\_

PLANTATION, Florida 33317

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

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

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

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

FILED  
14 APR 16 AM 11:15  
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: Patrick A Boyd  
Address: 6112 PINE TERRACE  
Plantation, Florida 33317

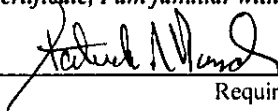
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patrick A Boyd  
Address: 6112 PINE TERRACE  
Plantation, Florida 33317

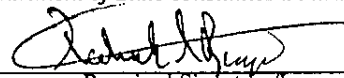
FILED  
14 APR 16 AM 11:15  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

*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

4-9-14  
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.*

  
Required Signature/Incorporator

4-9-14  
Date