

P14000042838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

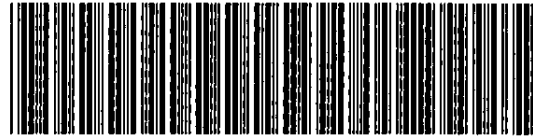
(Business Entity Name)

(Document Number)

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

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FILED  
14 MAY 12 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 05/14/14

April 28, 2014

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

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14 MAY 12 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: P12000038597 Mobile Marine Services of South Florida Inc

To whom it may concern:

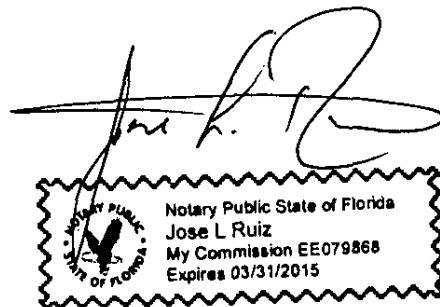
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Westcott Reiss

*Westcott Reiss*



## COVER LETTER

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

SUBJECT: **MOBILE MARINE SERVICES OF SOUTH FLORIDA 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: **MARIA E RUIZ**  
Name (Printed or typed)  
**7750 SW 117TH AVE SUITE 201D**  
Address  
**MIAMI FLORIDA 33183**  
City, State & Zip  
**305 595 -2407**  
Daytime Telephone number  
**MARIAQUIROS9@HOTMAIL.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: MOBILE MARINE SERVICES OF SOUTH FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021

Mailing address, if different is:

7750 SW 117TH AVE SUITE 301D  
MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ELN# 90-0168601

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 EA

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

Name and Title: WESTCOTT REISS, PRESIDENT

Address: 1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021

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

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

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

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: WESTCOTT REISS  
Address: 1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WESTCOTT REISS  
Address: 1115 N GOLF DRIVE  
HOLLYWOOD FLORIDA 33021

*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*

Westcott Reiss  
Required Signature/Registered Agent

04/28/2014  
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.*

Westcott Reiss  
Required Signature/Incorporator

04/28/2014  
Date