

P/4UWU4B39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

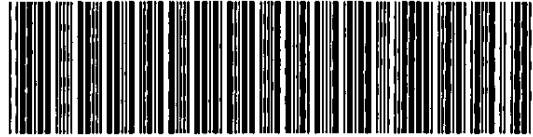
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Certificates of Status

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14 JUN -5 AM 8:59

W14-35320



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

RIGOBERTO GARCIA
749 SW BELMONT CIRCLE
PORT ST. LUCIE, FL 34953

SUBJECT: SLICKSHINE, INC.
Ref. Number: W14000031262

RECEIVED
14 JUN -5 AM 11:21
TALLAHASSEE, FLORIDA

We have received your document for SLICKSHINE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 414A00010656

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SLICKSHINE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
749 SW BELMONT CIRCLE
PORT ST. LUCIE, FL 34953

Mailing address, if different is: _____
SAME
14 JUL -5 4 9:00

ARTICLE III PURPOSE FAIRING AND FINISHING OF BOATS AND YACHTS.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>RIGOBERTO GARCIA</u>	Name and Title:	_____
Address	<u>PRESIDENT</u>	Address:	_____
	<u>749 SW BELMONT CIRCLE</u>		_____
	<u>PORT ST. LUCIE, FL 34953</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: RIGOBERTO GARCIA
Address: 749 SW BELMONT CIRCLE
PORT ST. LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rigoberto Garcia
Address: 749 sw Belmont circle
Port St. Lucie FL 34953.

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

Rigoberto Garcia
Required Signature/Registered Agent

5/12/2014
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.

Rigoberto Garcia
Required Signature/Incorporator

5-12-2014
Date