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(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:				
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COVER LETTER

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

Tallahassee, FL 323	114		
SUBJECT: COI	MPASS YACHT		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i 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 CO	PY REQUIRED
FROM: D	AVID MACDON	IALD e (Printed or typed)	
35	501 LEGACY HII	•• /	
	,	Address	
LC	ONGWOOD, FL		
	City	, State & Zip	

407-468-3696

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

radio1usa@aol.com

E-mail address: (to be used for future annual report notification)

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

The name of the corpor	ation shall be: Compass Yacht	Charters,	inc.		_
ARTICLE II PRINCIPAL OFFICE		ling address, if differ			
933 Beville	Rd.	<u>3501 L</u>	egacy Hill	s Ct	
Suite 103-A	\				
South Daytona, FL 32119		Longwood, FL 32779			
	RPOSE the corporation is organized is: A. To enga	ge in the business o	of sales of yacht c	harter c	ruises
aboard a documented	vessel in the coastal waters of the State of Flo	rida; and to exercise	generally such pow	ers as m	ay be
incidental to or	convenient for the purpose a	nd business o	of this corpora	ation.	
B. To have, exercis	e and enjoy all of the rights and privelege	s of corporations for	r profit as conferre	ed by th	e laws
of the State of	Florida, it being expressly pro	vided that the	enumeratio	n of s	pecific
powers and purp	oses shall not be held to limit or re	estrict in anmy m	anner the busi	iness d	of _{ca}
the corpora	tion.	 	·	<u> </u>	25.EC
ARTICLE IV SH The number of shares of ARTICLE V IN Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTOR Kurt MacDonald President	S Name and Title: Address:		PH 2: 46	LED TY OF STATE CORPORATIONS
Name and Titl	Karen MacDonald, Vice President 4101 Ravensowwod Rd. Suite 314 Dania Beach, FL 33312	Name and Title: Address:			
Name and Titl Address	David MacDonald, Secretary 4101 Ravenswood Rd. Suite 314 Dania Beach, FL 33312	Name and Title: Address:			

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	David MacDonald	-	
Address:	933 Beville Rd. Suite 103-A		
	South Daytona, FL 32119	-	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	<u>dress</u> of the Incorporator is:		
Name:	David MacDonald	_	
Address:	3501 Legacy Hills Ct.	_	
•	Longwood, FL 32779	_	
	ned as registered agent to accept service of process am familiar with approcept the appointment as reg		
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
Nad	Mulle	,	6/12/14
	Required Signature/Incorporator		Date