

PI4000059004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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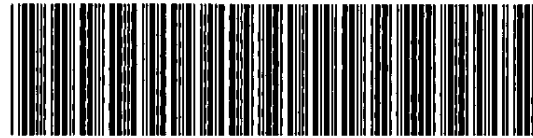
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/11

COVER LETTER

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

SUBJECT: Bluewater Tow & Recovery, 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: Stephan D. Madden
 Name (Printed or typed)

810 Sycamore Street, 5th Floor
 Address

Cincinnati, OH 45202
 City, State & Zip

513 621-8700
 Daytime Telephone number

s.madden@maddenoswall.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: Bluewater Tow & Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3171 Sea Trawler Bend #1

North Ft. Myers, FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the business of
towing and recovery and for any lawful business purpose.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Crosley, President Name and Title: _____

Address 3171 Sea Trawler Bend Addr _____
#1

North Ft. Myers, FL 33903

Name and Title: David Rentschler Vice Name and Title: _____

Address 1130 Ganoa Avenue S Address: _____
Lehigh Acres, FL 33974

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK 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: David Rentschler
Address: 1130 Genoa Avenue S
Lehigh Acres, FL 33974

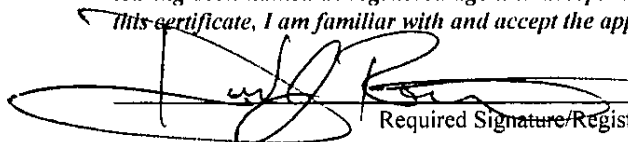
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephan D. Madden
Address: 810 Sycamore Street 5th Floor
Cincinnati, OH 45202

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TALLAHASSEE, FLORIDA

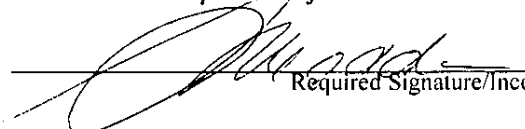
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

July 4, 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.



Required Signature/Incorporator

July 4, 2014
Date