

P/400068368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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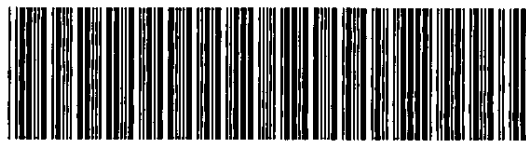
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SCHUTZ MARINE CORPORATION
(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
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 COPY REQUIRED

FROM: MICHAEL T. HAIRE, ESQ.
Name (Printed or typed)

2511 OSAGE TRAIL
Address

FERN PARK, FL 32730
City, State & Zip

(407) 496-4860
Daytime Telephone number

mth4counsel@aol.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: SHUTZ MARINE CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2511 OSAGE TRAIL
FERN PARK, FL 32730

JAMIE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL T. HAIRE Name and Title: _____
PRESIDENT/DIRECTOR
Address: _____ Address: _____

2511 OSAGE TRAIL
FERN PARK, FL 32730

Name and Title: ARON M. HAIRE Name and Title: _____
VICE PRES./DIRECTOR
Address: _____ Address: _____

2511 OSAGE TRAIL
FERN PARK, FL 32730

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

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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: JODI HARENKE

Address: 3962 CRAYRICH CIRCLE
ORLANDO, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL T. HAIRE

Address: 2511 OSAGE TRAIL
FERN PARK, FL 32730

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

JH
Required Signature/Registered Agent

8-5-14
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.

Michael T. Haire
Required Signature/Incorporator

8/5/14
Date