

06/30/2032 04:37  
8/19/2014

#0852 P.001/003

DIVISION OF CORPORATIONS

**P14000069500**

Florida Department of State  
Division of Corporations  
Filing and Recording Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000195453 3)))



H14000195453-ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DEEP WRECK FISHING CHARTERS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

AUG 19 AM 11:41

DIVISION OF CORPORATIONS

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 AUG 19 PM 3:46

RECORDED

B 8/20/14

# Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

**Article I - Name:** The name of the corporation shall be

Deep Wreck Fishing Charters, Inc.

**Article II - Principal and Mailing Address**

18445 SW 268 ST  
Homestead FL 33031

**Article III - Shares**

The number of shares of stock is: 100

**Article IV - Initial Officers and/or Directors**

CARLOS GALINDO (P)

14 AUG 19 AM 11:41

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Article V - Registered Agent**

The name and Florida street address of the registered agent is:

CARLOS GALINDO  
18445 SW 268 ST  
Homestead FL 33031

**Article VI - Incorporator**


The name and address of the incorporator is:

CARLOS GALINDO  
18445 SW 268 ST  
Homestead FL 33031

H14000195453

**Required Signatures:**

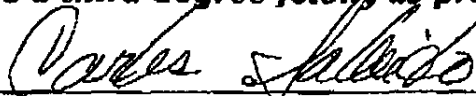
***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***



Registered Agent

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.***



Incorporator

Date

18 AUG 19 AM 11:42

DIVISION OF CORPORATIONS  
STATE OF FLORIDA

H14000195453