

P14000098081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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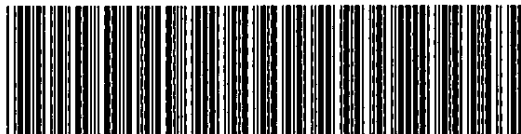
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -5 PM 12:52

APPROVED
AND
FILED

11/11

COVER LETTER

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

SUBJECT: TRENTON MARINE SERVICES, 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
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: PAUL F. GALEGO
Name (Printed or typed)

200 OCEAN TRAIL WAY # 807
Address

JUPITER, FL 33477
City, State & Zip

401 2948160
Daytime Telephone number

WICKFORD.MARINA @ VERIZON.NET
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: TRENTON MARINE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 OCEAN TRAIL WAY #807
JUPITER, FL 33477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARINA CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL F. GALEGO, PRES. Name and Title: _____

Address: 200 OCEAN TRAIL WAY Address: _____

#807

JUPITER, FL 33477

Name and Title: JEANNE M. GALEGO, SECRETARY Name and Title: _____

Address: 200 OCEAN TRAIL WAY Address: _____

#807

JUPITER, FL 33477

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

(conti.)

APPROVED
AND
FILED

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Paul F. Galego
Address: 200 Ocean Trail Way, #807
Jupiter, FL 33477

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul F. Galego
Address: 200 Ocean Trail Way, #807
Jupiter, FL 33477

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

Paul F. Galego
Required Signature/Registered Agent

December 3, 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.

Paul F. Galego
Required Signature/Incorporator

December 3, 2014
Date