

P/S 000013994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

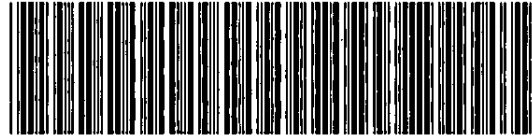
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB -3 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 11 2015  
S. GILBERT

COVER LETTER

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

SUBJECT: DOWN EAST MARINE SUPPLY COMPANY  
(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: GEORGE V. YUSCAVAGE  
Name (Printed or typed)

602 SE BARR ST.  
Address

PORT ST. LUCIE, FL 34984  
City, State & Zip

(772) 341-6060  
Daytime Telephone number

gyuscavage@comcast.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

DOWN EAST MARINE SUPPLY COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is

602 SE BARR ST.  
PORT ST. LUCIE, FL  
34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELL NAUTICAL  
ITEMS AND MARINE SUPPLY  
ITEMS AT FLEA MARKETS  
AND BOAT SHOWS.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title

GEORGE YUSGAVAGE, PRESIDENT + CEO

Address

602 SE BARR ST.  
PORT ST. LUCIE, FL  
34984

Name and Title

Name and Title

Address

Address

Name and Title

Name and Title

Address

Address

(cont)

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:

GEORGE YUSCAVAGE

Address:

602 SE BARR ST.  
PORT ST. LUCIE, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

SAME AS ABOVE

Address:

"

"

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

George Yuscavage  
Required Signature/Registered Agent

1/30/15  
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.

George Yuscavage  
Required Signature/Incorporator

1/30/15  
Date