

P15 000049342

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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05/11/15--01032--002 **78.75

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2015 JUN -1 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6015 000034782
ACC
6/9/15

COVER LETTER

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

SUBJECT: KAYAK CHARTERS 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: Dominick GRECO
Name (Printed or typed)

836 CALAMONDIN CT.
Address

NORTH FORT MYERS, FL 33917
City, State & Zip

239-425-7823
Daytime Telephone number

Dominick@KAYAK-CHARTERS.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

DOMINICK GRECO
836 CALAMONDIN CT
NORTH FORT MYERS, FL 33917

SUBJECT: KAYAK CHARTERS INC.
Ref. Number: W15000034782

We have received your document for KAYAK CHARTERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 515A00010299

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: KAYAK CHARTERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

836 CALAMANDIN CT.
NORTH FORT MYERS, FL
33917

Mailing address, if different is:

P.O. Box 150213
CAPE CORAL, FL
33915

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE KAYAK INSTRUCTION, SURVIVAL
INSTRUCTION, FISHING LESSONS, SEMINARS AND KAYAK CHARTERS
AND ECO TOURS AND FISHING TOURS. AND ANY OTHER AUTHORIZED
COMMERCE.

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMINICK GRECO Name and Title: PRINCIPAL

Address 836 CALAMANDIN CT. Address: SAME

NORTH FORT MYERS, FL

33917

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: DOMINICK GRECO

Address: 836 CALAMONDIN CT.
NORTH FORT MYERS, FL 33917

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DOMINICK GRECO

Address: 836 CALAMONDIN CT.
NORTH FORT MYERS, FL 33917

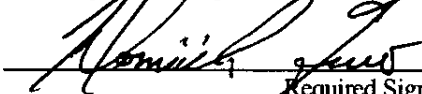
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 1ST, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

MAY 5, 2015

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

MAY 5, 2015

Date