

P15000064 209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600275166026

07/24/15--01018--002 **78.75

APPROVED
AND
FILED

15 JUL 24 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

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

SUBJECT: Prop Tec of the Florida Keys, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Deirdre M. Reed

Name (Printed or typed)

371 Stirrup Key Blvd

Address

Marathon, Florida 33050

City, State & Zip

703-919-9251

Daytime Telephone number

dmckreed@aol.com

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUL 24 PM 2: 20

ARTICLE I NAME

The name of the corporation shall be: Prop Tec of the Florida Keys, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

210 20th Street Ocean

371 Stirrup Key Blvd

Marathon, FL 33050

Marathon, FL 33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a service to recondition props for boats

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deirdre M. Reed, President

Name and Title: _____

Address 371 Stirrup Key Blvd

Address: _____

Marathon, FL 33050

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 JUL 24 PM 2: 20

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

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: Deirdre M. Reed
Address: 371 Stirrup Key Blvd
Marathon, FL 33050

ARTICLE VII INCORPORATOR

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

Name: Deirdre M. Reed
Address: 371 Stirrup Key Blvd
Marathon, FL 33050

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 20, 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

Deirdre M. Reed 7/20/2015
Required Signature/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.

Deirdre M. Reed 7/20/2015
Required Signature/Incorporator Date