

**P/15000072261**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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**

*Crusises Inc*

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

*99703*

RECEIVED

15 SEP - 1 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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Corporate Filing Menu

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SEP 1 2015

S. GILBERT



September 1, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: FLORIDA YACHT CHARTERS, INC.  
REF: W15000057916

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, " L14000083583 - FLORIDA YACHT CHARTERS, LLC".

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

FAX Aud. #: H15000209861  
Letter Number: 815A00018416

P.O BOX 6327 - Tallahassee, Florida 32314

1415000209861

(5)

COVER LETTER

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

SUBJECT: Cruises Inc

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:

Law Office of Gonzalez & Associates  
Name (Printed or typed)

5999 Biscayne Blvd.  
Address

Miami FL 33137  
City, State & Zip

(305) 758 7774 Ext 1105  
Daytime Telephone number

maria.pastor@gonzalezlaw.com  
E-mail address: (to be used for future annual report notification)

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

FILED

15 SEP -1 PM 12:03

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:

Cruises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal office address

Mailing address, if different is:

NEIL M. GONZALEZ  
5999 Biscayne Blvd  
Miami, FL 33137

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

NEIL M. GONZALEZ

Name and Title:

President

Address

17234 SW 92 Lane  
Miami FL 33157

Address:

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: NEIL M. GONZALEZ  
Address: 17234 SW 92 Ave.  
Miami, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: NEIL M. GONZALEZ  
Address: 17234 SW 92 Place  
Miami FL 33157

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.

[Signature]  
Required Signature Registered Agent

8/31/15  
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.

[Signature]  
Required Signature Incorporator

8/31/15  
Date

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