

P15000082349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

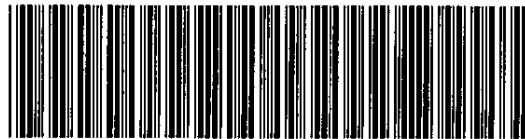
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700277539727

09/30/15--01003--020 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 30 PM 1:42

10/6 ch

COVER LETTER

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

SUBJECT: BLUEWATER CUSTOM MARINE, 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: MARTIN WARREN

Name (Printed or typed)

3612 S. DALE MABRY HWY., UNIT A

Address

TAMPA, FL 33612

City, State & Zip

727-488-7171

Daytime Telephone number

bluwatercustommarine@gmail.com

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: BLUEWATER CUSTOM MARINE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3612 S. DALE MABRY HWY., UNIT A

TAMPA, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CUSTOM MARINE ELECTRONICS INSTALLATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 30 PM 1:42

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTIN WARREN, CEO

Name and Title: _____

Address 652 68TH AVE S.

Address: _____

ST. PETERSBURG, FL

33705

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: MARTIN WARREN

Address: 652 68TH AVE S

ST. PETERSBURG, FL 33705

ARTICLE VII INCORPORATOR

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

Name: MARTIN WARREN

Address: 652 68TH AVE S.

ST. PETERSBURG, FL 33705

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

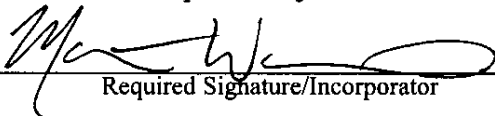
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/28/15
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.



Required Signature/Incorporator

9/28/15
Date