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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 19 2016

R. WHITE

COVER LETTER

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

SUBJECT: Maritime Satellite Systems, 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: Jill Taylor

Name (Printed or typed)

11500 NW 18th Street

Address

Pembroke Pines, FL 33026

City, State & Zip

954-662-6584

Daytime Telephone number

j327ct@bellsouth.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)

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ARTICLE I NAME Maritime Satellite Systems, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11500 NW 18th Street

Pembroke Pines, FL 33026

ARTICLE III PURPOSE Transacting any and all lawful business.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100 shares of \$1.00 per value common stock.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kostas Marikos (President)

Name and Title: William Taylor (Vice President)

Address: 12350 NW 27th Court
Plantation, FL 33323

Address: 11500 NW 18th Street
Pembroke Pines, FL 33026

Name and Title: Judy Lysaght-Marikos (Treasurer)

Name and Title: Jill Taylor (Secretary)

Address: 12350 NW 27th Court
Plantation, FL 33323

Address: 11500 NW 18th Street
Pembroke Pines, FL 33026

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: Jill Taylor

Address: 11500 NW 18th Street

Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

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

Name: Jill Taylor

Address: 11500 NW 18th Street

Pembroke Pines, FL 33026

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

Jill Taylor

Required Signature/Registered Agent

2/5/16

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.

Jill Taylor

Required Signature/Incorporator

2/5/16

Date