

P/6 000053820

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only



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W/6-043981

06/27/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2016

SAAGAR KADIYALA
919 S.E. 13TH ST.
FT. LAUDERDALE, FL 33316

SUBJECT: BEACON MARINE SURVEYORS, INC.
Ref. Number: W16000043981

We have received your document for BEACON MARINE SURVEYORS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000089910.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 316A00012906

Attention: THOMAS CHANG – Reference W16000043981

The Florida Department of State
Division of Corporations
Clifton Building, 2661 Executive Center Circle
P.O Box 6327
Tallahassee, FL 32314

RECEIVED
16 JUN 24 AM 10:43
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Regarding:
Release of the name Beacon Marine Surveyors, Inc.

I, Saagar Kadiyala, sole owner and incorporator of Beacon Marine Surveyors Inc, (document number P15000089910 do hereby release the name as I am not reinstating the existing corporation. The name can now be used by the new corporation filing under reference number W16000043981)

If you have any questions or need any more information, please do not hesitate to contact me.

Signed



Saagar Kadiyala
23 June 2016
Saagar.Kadiyala@beaconmarine.co
919 SE 13th st.
Fort Lauderdale, FL 33316
+1 345 938 1608

RECEIVED
16 JUN 24 PM 10:11
DEPT. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

Beacon Marine Surveyors Inc.

SUBJECT: _____

(**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: Saagar Kadiyala

Name (Printed or typed)

919 SE 13th Street

Address

Fort Lauderdale, FL 33316

City, State & Zip

617 697 6224

Daytime Telephone number

saagar.kadiyala@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

Beacon Marine Surveyors Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

919 SE 13th St.

Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide consultative services to the marine industry and perform surveys.

ARTICLE IV SHARES

one

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Saagar Kadiyala

Name and Title:

Address 919 SE 13th st

Address:

Fort Lauderdale, FL 33316

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: Saagar Kadiyala _____

Address: 919 SE 13th st _____

Fort Lauderdale, FL 33316 _____

ARTICLE VII INCORPORATOR

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

Name: Saagar Kadiyala _____

Address: 919 SE 13th st _____

Fort Lauderdale, FL 33316 _____

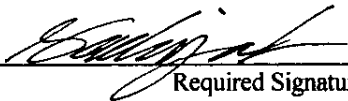
ARTICLE VIII EFFECTIVE DATE:

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.

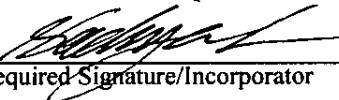
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

08 June 2016
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

08 June 2016
Date