

P16000064683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

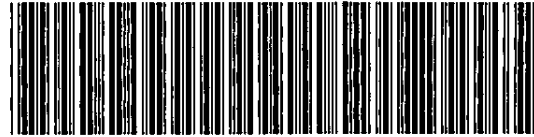
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/28/16--01004--006 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 28 PM 12:00

FILED

100288195541

## COVER LETTER

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

**SUBJECT:** Dock Pole Masters, 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:** Matthew J. Miller  
Name (Printed or typed)  
1945 Sunset Point Road  
Address  
Clearwater, FL 33765  
City, State & Zip  
727-446-8898  
Daytime Telephone number  
mattmiller@tampabay.rr.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: Dock Pole Masters Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1945 Sunset Point Road

P.O. Box 6412

Clearwater, Florida 33765

Clearwater, FL 33758

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential/commercial dock pole restoration

### ARTICLE IV SHARES

The number of shares of stock is: 1

16 JUL 28 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew J. Miller-President

Name and Title:

Address

P.O. Box 6412

Address:

Clearwater, FL 33765

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: Matthew J Miller

Address: 1945 Sunset Point Rd

Clearwater, FL 33765

16 JUL 28 PM 12:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Matthew J Miller

Address: 1945 Sunset Point Rd

Clearwater, FL 33765

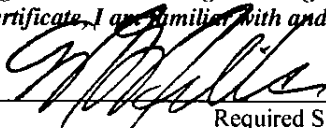
**ARTICLE VIII EFFECTIVE DATE:**

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

7/26/16

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

7/26/16

\_\_\_\_\_  
Date