

P16 0000704 64

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

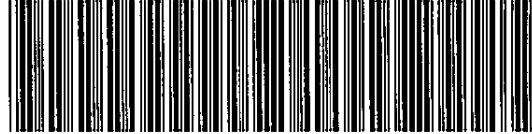
(Business Entity Name)

(Document Number)

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

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2016 AUG 19 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

2016 AUG 19 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

1TR 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  
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:

GARY CARTER

Name (Printed or typed)

2401 SW WARDON ST.

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-342-4968

Daytime Telephone number

itr gary@hotmail.com

E-mail address: (to be used for future annual report notification)

gary@itrmarine.com

**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: 1 TR MARINE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2401 SW Vardon Street  
Port Saint Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales And Marketing of Marine  
Air Conditioner / Refrigerators / Freezers / Ice  
Machines / Heaters / Hot Water Heaters / Other Marine  
Products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Carter Name and Title: President

Address 2401 SW Vardon St Address: Port St. Lucie, FL 34953

Name and Title: Jenny Carter Name and Title: Secretary / Treasurer

Address 2401 SW Vardon St Address: Port St. Lucie, FL 34953

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:

GARY CARTER

Address:

2401 SW Vardon Street  
Port Saint Lucie, FL 34953

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

GARY CARTER

Address:

2401 SW Vardon Street  
Port Saint Lucie, FL 34953

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/15/2016 (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*

GARY CARTER

Required Signature/Registered Agent

8/15/2016

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.*

GARY CARTER

Required Signature/Incorporator

8/15/2016

Date