

P16000078796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

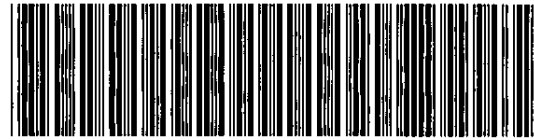
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 26 PM 3:23
CLERK OF COURT
TALLAHASSEE, FLORIDA

V HERRING
SEP 27 2016

COVER LETTER

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

SUBJECT: ADVANCED MARINE COATINGS, 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: BLAKE ELLSON

Name (Printed or typed)

340 NE 43RD STREET

Address

OAKLAND PARK FL 33334

City, State & Zip

954268-3402

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

August 15, 2016

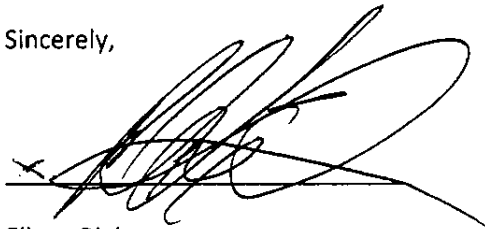
Florida Department of State/Division of Corp

Dear Sir/ Madam

My name is Blake Ellson owner of Advanced Marine Coatings, Inc. The reason of writing is to inform that I'm not planning to reinstate this Corp. I will like to open a new Corp using the same name .

If you have any question please call me at 954-268-3402

Sincerely,

A handwritten signature in black ink, appearing to read 'Blake Ellson', written over a horizontal line.

Ellson Blake

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: ADVANCED MARINE COATINGS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

BLAKE ELLSON

340 NE 43RD STREET

OAKLAND PARK, FL 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES @ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLAKE ELLSON /PRESIDENT

Name and Title: _____

Address 340 NE 43RD STREET

Address: _____

OAKLAND PARK, FL 33334

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2016 SEP 26 PM 3:23
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: FILED
Address: _____ Address: 2016 SEP 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BLAKE ELLSON
Address: 340 NE 43 RD STREET
OAKLAND PARK, FL 33334

ARTICLE VII INCORPORATOR

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

Name: BLAKE ELLSON
Address: 340 NE 43 RD STREET
OAKLAND PARK, FL 33334

ARTICLE VIII EFFECTIVE DATE: 08/15/2016

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

X: [Signature] 08/15/2016
Required Signature/Registered Agent 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.

> [Signature] 08/05/2016
Required Signature/Incorporator Date