

P170000 44354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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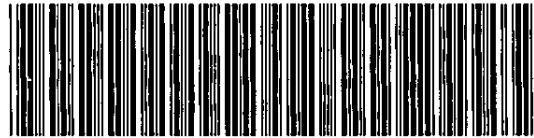
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
17 MAY 19 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2017

PATRICIA CROCKER
9780 LITTLETON RD.
N. FT. MYERS, FL 33903

SUBJECT: CROCKER BOAT LIFT SERVICES, INC.
Ref. Number: W17000041668

We have received your document for CROCKER BOAT LIFT SERVICES, INC. and your check(s) totaling \$70.00. 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 an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

P15000055199

Please return 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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 317A00009716

Department of State
New Filing Section
Division of Corporations

May 5, 2017

P.O. Box 1200

1000 North Florida Avenue

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

We are the owners of Crocker Boat Lift Services, Inc #P15000055199. We have no intention of reinstating this company. We are releasing the name to form a new corporation.

Thank you for your prompt attention to this matter.



Clayton Crocker
Owner



Michael Crocker
Owner



Patricia Crocker
Owner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax

To: Nadita From: Crocker Boat Lift
Fax: 850-245-6804 Pages: 2 Service
Phone: _____ Date _____
Re: _____ cc: _____

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

17 MAY 19 AM 11:58

BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

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

SUBJECT: Crocker Boat Lift Services, 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: Patricia Crocker
Name (Printed or typed)

9780 Littleton Rd.
Address

N. Ft. Myers, FL 33903
City, State & Zip

239-229-8216
Daytime Telephone number

cbhservice@aol.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: Crocker Boat Lift Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9780 Littleton Rd.
North Ft. Myers, FL 33903

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clayton M. Crocker MEMBER Name and Title:

Address: 9810 Littleton Rd. Address:
N. Ft. Myers, FL
33903

Name and Title: Michael K. Crocker MEMBER Name and Title:

Address: 9780 Littleton Rd. Address:
N. Ft. Myers, FL
33903

Name and Title: Patricia D. Crocker MEMBER Name and Title:

Address: 9780 Littleton Rd. Address:
N. Ft. Myers, FL
33903

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Patricia Crocker

Address:

9780 Littleton Rd.
N. Ft. Myers, FL 33903

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name:

Patricia Crocker

Address:

9780 Littleton Rd.
N. Ft. Myers, FL 33903

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 days prior or 90 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

Patricia Crocker

Required Signature/Registered Agent

5-5-17

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.

Patricia Crocker

Required Signature/Incorporator

5-5-17

Date