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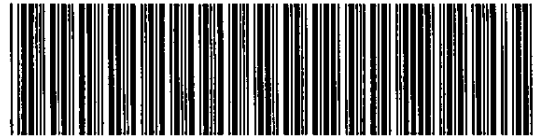
(Business Entity Name)

(Document Number)

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

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17 JUN -6 PM 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

06/08/17

## COVER LETTER

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

SUBJECT: Capt. Billy's Marine Service, 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: William Teffner  
Name (Printed or typed)

8339 US 19  
Address

Port Richey FL 34668  
City, State & Zip

727-207-1359  
Daytime Telephone number

amy@grandplanning.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: Capt. Billy's Marine Service, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8339 US 19  
Port Richey, FL 34168

5439 Bluepoint Dr  
Port Richey, FL 34168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service and repair of  
marine motors.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>William Teffner</u>	Name and Title:	<u>President</u>
Address	<u>8339 US 19</u>	Address:	<u>same</u>
	<u>Port Richey, FL</u>		
	<u>34168</u>		

Name and Title:	<u>Amy K. Scott</u>	Name and Title:	<u>Vice President</u>
Address	<u>5439 Bluepoint Dr</u>	Address:	<u>same</u>
	<u>Port Richey, FL</u>		
	<u>34168</u>		

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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JUN -5 PM 2:16  
CLERK OF DISTRICT COURT  
PORT RICHEY, 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: William Telfner

Address: 8339 US 19

Port Richey, FL 34668

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DEPARTMENT OF STATE  
17 JUN -6 PM 2:15

**ARTICLE VII INCORPORATOR**

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

Name: Amy Scott

Address: 5439 Bluepoint Dr.

Port Richey, FL 34668

**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*

William Telfner  
Required Signature/Registered Agent

6/15/17  
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.*

[Signature]  
Required Signature/Incorporator

6/15/17  
Date