

P18000091050

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

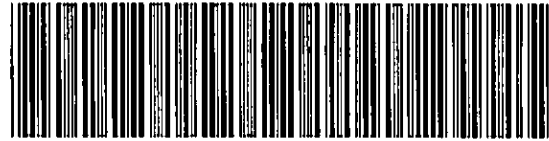
Certified Copies _____ Certificates of Status _____

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NOV 06 2018

T. SCOTT



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11/02/18--01015--011 **70.00

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NOV 2 2018

COVER LETTER

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

SUBJECT: Professional 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 ☐ \$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: Professional Marine Inc

Name (Printed or typed)

6360 Johnston Rd

Address

Zolfo Springs, FL 33890

City, State & Zip

863-604-3778

Daytime Telephone number

professionalmarine@hotmail.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: Professional Marine Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6360 Johnston Rd, Zolfo Springs, FL 33890

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Weinstein, David H./President

Name and Title:

Address 6360 Johnston Rd
Zolfo Springs, FL 33890

Address:

Name and Title: Weinstein, Cindy L./Secretary

Name and Title:

Address 6360 Johnston Road
Zolfo Springs, FL 33890

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: Cindy Weinstein _____

Address: 6360 Johnston Road _____

Zolfo Springs, FL 33890 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Weinstein _____

Address: 6360 Johnston Rd _____

Zolfo Springs, FL 33890 _____

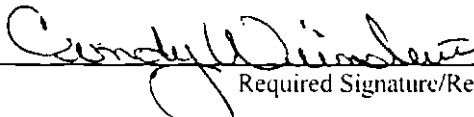
ARTICLE VIII EFFECTIVE DATE: 01/01/2019

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



Required Signature/Registered Agent

10/31/2018

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

10/31/2018

Date