

P19000066146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

AUG 23 2019



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2019 AUG 23 PM 3:55
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

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2019 AUG 22 PM 3:55
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LOBSTERMAN LTD

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

PAUL TREFZER

Contact Person

LOBSTERMAN LTD

Firm/Company

9090 N US HWY 1

Address

SEBASTIAN FL 32958

City, State and Zip Code

infoatlobsterman01@gmail.com

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

For further information concerning this matter, please call:

PAUL TREFZER at (772) 581-0640

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2019

PAUL TREFZER
9090 N US HWY 1
SEBASTIAN, FL 32958 US

SUBJECT: LOBSTERMAN LTD
Ref. Number: W19000072575

We have received your document for LOBSTERMAN LTD and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 619A00016245

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2019 AUG 23 PM 3:55
SECRETARY OF
TALLAHASSEE, FL

FILED
2019 AUG 22 PM 3:55
SECRETARY OF
TALLAHASSEE, FL

Lobsterman Inc.

9090 N US Highway 1
Sebastian, FL 32958
p 772.581.0640 f 772.581.4097
infoatlobsterman01@gmail.com

August 19, 2019

New Filing Section

Division of Corporations

PO Box 6327

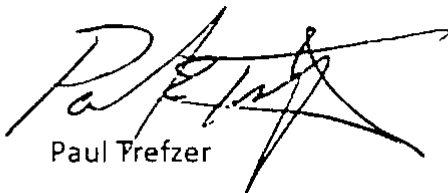
Tallahassee FL 32314

Ref Number: W19000072575

Hello,

Please find our corrected form attached here.

Thank you,



Paul Trefzer

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2019 AUG 22 PM 3:55
CLERK OF
TALLAHASSEE, FL

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LOBSTERMAN INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

PAUL TREFZER

Contact Person

LOBSTERMAN INC.

Firm/Company

9090 N US HWY 1

Address

SEBASTIAN FL 32958

City, State and Zip Code

infoatlobsterman01@gmail.com

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

For further information concerning this matter, please call:

PAUL TREFZER at (772) 581-0640

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
LOBSTERMAN OF DELAWARE LTD.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED PARTNERSHIP
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of DELAWARE
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/01/1994
Enter date "Other Business Entity" was first organized, formed or incorporated.

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
LOBSTERMAN INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____.

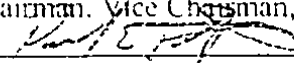
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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SECRETARY OF
STATE
TALLAHASSEE, FL

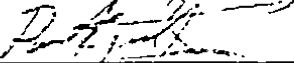
Signed this 22 day of JULY, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: PAUL TREFZER Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: PAUL TREFZER Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

2019 AUG 22 PM 3:55

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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: LOBSTERMAN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

9090 N US HWY 1

SEBASTIAN FL 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Initially, this partnership was formed and owned by a group for watersports. Paul Trefzer is the remaining member

of the group.

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TALLAHASSEE, FL 32399

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL TREFZER, PRESIDENT

Name and Title: _____

Address: 9082 N US HWY 1

Address: _____

SEBASTIAN FL 32958

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: Gregory A. Fencik, Esq.
2613 Stanmore Court
Address: Orlando, FL 32817

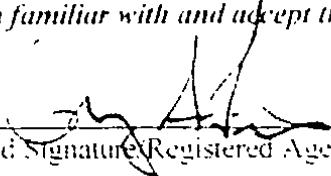
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

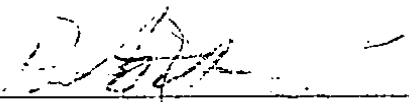
Name: Paul Trefzer
9082 N. US Hwy 1
Address: Sebastian, FL 32958

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2019 AUG 22 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

 7/22/2019
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 7-22-19
Required Signature/Incorporator Date