

P21000017103

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LAND AND SEA MOBILITY INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

21 FEB 24 AM 9:55

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DIVISION OF CORPORATIONS
OFFICE OF COMMERCIAL
REGISTRATION & SERVICESJ DENNIS
FEB 25 2021

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Land and Sea Mobility Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
4914 BOAT LANDING DRIVEST. AUGUSTINE, FL 32092

Mailing address, if different is:

4914 BOAT LANDING DRIVEST. AUGUSTINE, FL 32092**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NORMAN KELLERSHON-Director Name and Title: _____Address: 4914 BOAT LANDING DRIVE Address: _____ST. AUGUSTINE, FL 32092 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: NORMAN KELLERSON
Address: 4914 BOAT LANDING DRIVE
ST. AUGUSTINE, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NORMAN KELLERSON
Address: 4914 BOAT LANDING DRIVE
ST. AUGUSTINE, FL 32092

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 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.

Norman Kellerson
Required Signature/Registered Agent

2/22/21
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.

Norman Kellerson
Required Signature/Incorporator

2/22/21
Date