

Transmission Report

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Division of Corporations

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

From: Account Name : SM FINANCIAL GROUP LIMITED, INC.
Account Number : 119980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: BRIDGY78@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION ELITE MARINE SURVEYORS INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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1/1

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001	313	850-617-6381	05:59:11 p.m. 03-11-2021	00:01:53	5/5	1	EC	HS	CP14400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fall
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

2021 FEB 18 AM 9:49

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: **ELITE MARINE SURVEYORS INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1581 SW 23RD COURT

FT LAUDERDALE FL 33315

ARTICLE III PURPOSE

MARINE SURVEYS

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: **SIMON BRIDGWOOD, PRES.** Name and Title:

Address **1581 SW 23RD COURT** Address:
FT LAUDERDALE FL 33315

Name and Title: **DUNCAN FONG, VICE PRES.** Name and Title:

Address **4125 AMELIA WAY** Address:
NAPLES, FL 34119

Name and Title: Name and Title:

Address Address:

2021 FEB 18 AM 9:49

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: KLOBRIDGE, LLC _____

Address: 1581 SW 23RD COURT _____

FT LAUDERDALE, FL 33315 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SIMON BRIDGWOOD _____

Address: 1581 SW 23RD COURT _____

FT LAUDERDALE, FL 33315 _____

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 on 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.

Registered Signature/Registered Agent

2-17-21
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.81.155, F.S.

Registered Signature/Incorporator

2-17-21
Date

2021 FEB 18 AM 9:49