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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO. :	12000000195			
	REFERENCE :	878714 8134964			
AU	THORIZATION :	Somethe man			
	COST LIMIT :	\$ 70.00			
ORDER DATE :	June 24, 2021				
ORDER TIME :	10:17 AM		-	~~~	
ORDER NO. :	878714-005			£21	
CUSTOMER NO:	8134964		·•.	JUH 24	
	DOMESTIC F	ILING		PH12:	
NAME :	L&H CUSTOM	BOATS, INC.	· ·'	$\overline{\sim}$	

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX ____ PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

TS70.00 Filing Fee		 S78.75 Filing Fee Certified Copy ADDITIONAL CO 	 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED 		
FROM: _	<u>Mildner + Associ</u> Name <u>433 Delaware P</u> A Ft. Pjerce, E City, S	Avenve ddress 34957 State & Zip	1 	2021 JUH 24 FM 12: 12	IL ED
-	<u>(172) 464-800</u> Daytime Te <u>RMI Idner @ F10</u> E-mail address: (to be used) 8 Dephone number Mida Ugal. Con for future annual report no) Diffication)		

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)

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ARTICLE I NAME The name of the corporat	ion shall be: <u><u><u></u></u> <u><u></u> <u></u> <u><u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u></u></u></u>	stom Boats	.Inc.
	<u>'IPAL OFFICE</u> Principal <u>street</u> address	Mailing	address, if different is:
335 <u>5 SE [</u>			
Stuart, FI	<u> </u>		
ARTICLE III PURPO The purpose for which the	<u>DSE</u> he corporation is organized is:	t repair	
			· · · · · · · · · · · · · · · · · · ·
		·	
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	stock is: 1000	<u> </u>	2221 JUN
	<u>Brian O'Donnell, Plesy</u>	Name and Title:	<u></u>
Address	2255 of Nine II	Address:	
	Stuart, FL 34997	<u> </u>	
Name and Title:		Name and Title:	······
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:	Name and Title:	
Address	Address:	
<u>ARTICLE VI REGISTERED AGENT</u>		
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:	
Name: ROY Mild	<u>lner</u>	
Address: 423 Delaware	<u>e Ave.</u>	
<u>Ft. Pierce, Fl</u>	. 34950	
ARTICLE VII INCORPORATOR		· ~3
The name and address of the Incorporator is:		2:21
Name: Brian O'D	Onne 11	
Address: <u>3355 SE DIX</u>	ie Hwy.	24
Stuart, FL.	34997	PHI2

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

(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

)UNU 24,2021 Date

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. (OPTIONAL)

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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 Stole constitutes a third degree felony as provided for in s.817.155, F.S. Date JUN 24, 2021

Required Signature/Incorporator