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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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STANDARD FILING
DIVISION OF CORPORATIONS

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
C&L BOAT RENT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

54:2:14 PM 10/20/21

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J DENNIS
OCT 20 2021

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COVER LETTER

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

SUBJECT: C&L BOAT RENT CORP

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLAUDIA CIRES MOREJON

Name (Printed or typed)

961 SW 58TH AVE

Address

MIAMI, FL 33144

City, State & Zip

(786) 825-4330

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

C&L BOAT RENT CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

961 SW 58TH AVE

SAME

MIAMI, FL 33144

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIA CIRES MOREJON, P

Name and Title:

Address 961 SW 58TH AVE

Address:

MIAMI, FL 33144

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:	CLAUDIA CIRES MOREJON
Address:	961 SW 58TH AVE
	MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name:	CLAUDIA CIRES MOREJON
Address:	961 SW 58TH AVE
	MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE: 10/15/2021 (OPTIONAL)


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

	10/15/2021
Required Signature/Registered Agent	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.

	10/15/2021
Required Signature/Incorporator	Date

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