Pag000088009

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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S. CHATHAM

22 NOV 29 PH 6: 17

RECEIVED

COVER LETTER

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

Enclosed are an origin	al and one (1) copy of the ar	ticles of incorporation and	la check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REOURED

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

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

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 11/29/2022

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 1097112

ORDER ENTITY

YOT MARINE INC

DI EACE BEDEADM T	JE EOU LOUGING CERVACEC.
PLEASE PERFURM I	HE FOLLOWING SERVICES:
VAT MADINE INC.	
YOT MARINE INC	FLI
	<u>· - /</u>

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, November 29, 2022 Page 1 of 1

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

Principal street address Principal street a	Mailing address, i	f ditferent is:
PICLE III PURPOSE purpose for which the corporation is organized is:	yacht Cleanin	gand_
		2 NOV 29 PA
number of shares of stock is: _\CCLE_VINITIAL OFFICERS AND/OR DIRECTO		17
Name and Title: Chris Scringer - P Address 10463 Cypress blass Wellington, FL 3349	Presente. Address:	
Name and Title:	Name and Title: Address:	

Name	and Title:	Name and Title:	
Addre	rss	Address:	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptions)	ptable) of the registered agent is:	
Name:	Joel Marcus		ы вычи 22
Address:	676 W. Prospect Re		SELIC DIVISION 22 NOV
	Etclanderdale, FC33		29
<u>ARTICLE VII</u>	INCORPORATOR		PH 6:
The name and	address of the Incorporator is:		6: 17
Name:	Chris Scrimger		· ·
Address:	10663 Cypress lakes Pr	rescrib De	
	Chris Scrimger 10663 Cypress lakes Pr Wellington, FL 3349	<u>a</u>	
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL.) d cannot be more than five days p) rior or 90 days after the
Note: If the dathe document's	te inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements ecords.	s, this date will not be listed as
Having been na certificate, Lam	med as registered agent to accept service of p familiar with and accept the appointment as	rocess for the above stated corporation registered agent and agree to act in t	m at the place designated in the this capacity
<u> </u>			11-38-32
l submit this do	Required Signature/Registered Age		Date
document to the	cument until affirm that the facts stated her Department of State constitutes a third degre	etn are true. I am aware that the fa ve felony as provided for in s.817.155	ilse information submitted in c i. F.S.
- Mary	Drimer		11-38-32
wedausea 21£uat	ure/Incorporate	Da	te