

Lealie Sellers 800432342

PR 40000/3739

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
MARINEESC, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

H24000072037

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

SUBJECT: MarineESC, Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: David M. Scheinman
Name (Printed or typed)
4085 Rockingham Dr
Address
Roswell, GA 30075
City, State & Zip
(305) 527-1040
Daytime Telephone number
david@dmacpa.net
E-mail address: (to be used for future annual report notification)

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

FILED
2024 FEB 22 PM 3:16
STATE
SECRET

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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 corporation shall be: MarineESC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

10731 NW 19TH PLACE

CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 7500 shares Common \$1.00 Par.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mike Veithen, President

Name and Title: _____

Address 10731 NW 19th Place

Address: _____

Coral Springs, FL 33071

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JANUARY 2024

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David M. Scheinman
Address: 3107 Peachtree Cir.
Davie, FL 33328

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: David M. Scheinman
Address: 3107 Peachtree Cir.
Davie, FL 33328

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 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

02/22/2024

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.

Required Signature/Incorporator

02/22/2024

Date

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