

Florida Department of State

Division of Corporations
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H250000110733ABCT

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To:

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

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

Email Address: Sbrunk@fimmmp.com

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FLORIDA PROFIT/NON PROFIT CORPORATION

Spinnaker Stuart Inc.

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

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Corporate Filing Menu

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AIS

COVER LETTER

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

SUBJECT: SPINNAKER STUART 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: JORDAN JOHANSEN
Name (Printed or typed)

505 S FLAGLER DRIVE, SUITE 1100
Address

WEST PALM BEACH, FL 33401
City, State & Zip

(561) 650-0432
Daytime Telephone number

sbrunk@fimmmp.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAMEThe name of the corporation shall be: Spinaker Stuart Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

983 12th Street
Vero Beach, FL 32960**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Retail Sales**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Steven Brunk, President & CEO Name and Title: Carlenc Brunk, Secretary & TreasurerAddress: 983 12th Street Address: 983 12th Street
Vero Beach, FL 32960 Vero Beach, FL 32960

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
CORPORATIONS

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: Jones Foster Service, LLC
 Address: 505 S. Flagler Drive, Suite 1100
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Brunk
 Address: 983 12th Street
Vero Beach, FL 32960

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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

William J. Brunk, Manager
 Required Signature/Registered Agent

1/9/25
 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.

[Signature]
 Required Signature/Incorporator

1-8-25
 Date