

TRANSMITTAL LETTER

P95000008294

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

FILED
95 JAN 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Stonewy Enterprises Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FROM: Marilyn Sommerhoff
Name (printed or typed)
P.O. 420503
Address
Sommerland Fl 33042
City, State & Zip
305-745-1841
Daytime Telephone number

2/1/95
TB

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

ARTICLES OF INCORPORATION
OF

Stormy Enterprises Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the Corporation shall be:

Stormy Enterprises Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business shall be:

Blk 4 NW Pine Way
(Physical street address)

Big Pine Key, FL 33043
(City, State, and Zip Code)

The mailing address of the Corporation shall be:

P.O. Box 431717
(Street or P.O. Box)

Big Pine Key, FL 33043
(City, State, and Zip Code)

ARTICLE III - CAPITAL STOCK

The authorized capital stock of the Corporation shall be 5,000 shares of common stock with a par value of \$1.00 per share. The Corporation plans to initially issue 500 shares, reserving the balance for subsequent issuance.

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TALLAHASSEE, FLORIDA

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The following person shall serve as registered agent for the Corporation at the address stated.

Bradley D Bockoven
Signature

Blk 4 NW Pine Way
(Street Address)

Bradley Bockoven
Print or Type Name

Big Pine Key, FL 33043
(City, State, and Zip Code)

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.

INITIAL ADDRESS of Corporation and Incorporator

Bradley D Bockoven
(Signature)

P.O. Box 431717
(Street Address)

Bradley Bockoven
(Typed name)

Big Pine Key, FL 33043
(City, State, & Zip Code)

Kathryn A. Bockoven
(Signature)

P.O. Box 431717
(Street Address)

Kathryn Bockoven
(Typed name)

Big Pine Key, FL 33043
(City, State, & Zip Code)

STATE OF FLORIDA

COUNTY OF MONROE

The foregoing instrument was acknowledged before me this
18th day of January, 1995 by Bradley Bockoven &
Kathryn Bockoven of Stormy Enterprises Inc., a
Florida Corporation on behalf of the corporation. They are
personally known to me or produced N/A and
_____ for identification and did not take an oath.

LeAnne M. Davern
Notary Public, State of Florida

LeAnne M. Davern
Print or type name

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. OCT. 15, 1995
BONDED THRU GENERAL INS. UND.
COMM. NO: CC152350

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE
SECRETARY OF STATE
FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Stormy Enterprises Inc

2. The name and address of the registered agent and office is:

Bradley Bockoven

(Name)

Blk 4 NW Pine Way

(P.O. Box not acceptable)

Big Pine Key, FL 33043

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bradley Bockoven
(Signature)

1/18/95

P95000008294

TO :
DEPARTMENT OF STATE

DATE

NUMBER

02-16-95

02571

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	582.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	582.50	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		1	122.50
12	45-20-2-130001-45300000-00-000100-00		1	200.00
12	45-20-2-130001-45300000-00-000100-00		2	225.00

GRAND TOTAL:

\$ 582.50

52571-3

\$ 122.50

Process Date: 02/03/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

RECEIVED
95 FEB 16 AM 11:52
MANAGEMENT