

P 97000044706

TRANSMITTAL LETTER

FILED

97 MAY 16 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

OLD MARCO COVE, INC.

(Proposed corporate name - must include suffix)

400002181364--3

-05/16/97--01069--004

*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert K. Grant and Paula J. Shelby
Name (Printed or typed)

829 Palm Street

Address

Marco Island, FL 34145

City, State & Zip

941-394-4716

Daytime Telephone number

PK
5/20/97

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

ARTICLES OF INCORPORATION

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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:

OLD MARCO COVE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

829 Palm Street
Marco Island, FL 34145

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TWO SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert K. Grant
829 Palm Street
Marco Island, FL 34145

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Robert K. Grant
829 Palm Street
Marco Island, FL 34145

Paula J. Shelby
829 Palm Street
Marco Island, FL 34145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of April, 1997.

(An additional article must be added if an effective date is requested.)

Robert K Grant
Signature

Paula J. Shelby
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 OLD MARCO COVE, INC.

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

Robert K. Grant

(NAME)

829 Palm Street

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Marco Island, FL 34145

(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.

Robert K. Grant
(SIGNATURE)

4-1-97
(DATE)