

P97000064352  
TRANSMITTAL LETTER

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

400002244634--4  
-07/23/97--01011--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: C.C. MARINE INC OF LAND O LAKES  
(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:

ALLIE CONE  
Name (printed or typed)

4611 LAND O LAKES BLVD  
Address

LAND O LAKES, FL-34639  
City, State & Zip

(813) 996-2628  
Daytime Telephone number

FILED  
97 JUL 23 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

mc 7/25/97

FILED  
97 JUL 23 AM 9: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

C.C.MARINE INC OF LAND O LAKES

*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:

C.C.MARINE INC OF LAND O LAKES

**ARTICLE II PRINCIPAL OFFICE**

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

4611 LAND O LAKES BLVD, LAND O LAKES, FL-34639

**ARTICLE III SHARES**

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

ONE HUNDRED

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

ALLIE CONE

4611 LAND O LAKES BLVD, LAND O LAKES, FL-34639

**ARTICLE V INCORPORATOR(S)**

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

ALLIE CONE

4611 LAND O LAKES BLVD, LAND O LAKES, FL-34639

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

18<sup>th</sup> day of July, 1997.

Allie Cone  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

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: C.C.MARINE INC OF LAND O LAKES

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

ALLIE CONE

(Name)

4611 LAND O LAKES BLVD

(P.O. Box not acceptable)

LAND O LAKES, FL-34639

(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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.*

Allie Cone

(Signature)