

P99000083 406

TRANSMITTAL LETTER

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

FILED
99 SEP 16 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600002988786000
-09/16/99-01041-0144
*****78.75 *****78.75

SUBJECT: *CAPE HAZE CHARTERS 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: *Vincent Palazzo*
Name (Printed or typed)

1601-A S. McCall Rd.
Address

Englewood, Fla. 34223
City, State & Zip

941-474-8743
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CAPE HAZE CHARTERS INC.

ARTICLE II PRINCIPAL OFFICE

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

1601-A S. McCall Rd
Englewood, FL 34223

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Vincent Palazzo
1601-A S. McCall Rd Englewood, FL 34223

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Vincent Palazzo
P.O. Box 1793
Englewood, FL 34295

Vincent Palazzo

Signature/Incorporator

9.15.99

Date

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

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

Vincent Palazzo

Signature/Registered Agent

9.15.99

Date