

TRANSMITTAL LETTER

PA9 000092197

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

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-10/14/99--01051--020
*****87.50 *****87.50

SUBJECT: Dock Works Co.
(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: TRINA R. NEWMAN
Name (Printed or typed)

108 PINE TRAIL
Address

MELROSE FL 32666
City, State & Zip

(352) 475-5665
Daytime Telephone number

99 OCT 14 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Trina Newman GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. I
DATE 10/20
DOC. EXAM SK

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

S. Thompson OCT 20 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

Newman Dock Works Co.

ARTICLE II PRINCIPAL OFFICE

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

108 Pine Trail
Melrose FL 32666

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:

Trina R. Newman
108 Pine Trail
Melrose FL 32666

ARTICLE V INCORPORATOR

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

Trina R. Newman
108 Pine Trail
Melrose FL 32666

Trina R. Newman

Signature/Incorporator

10-5-99

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

Trina Newman

Signature/Registered Agent

10-5-99

Date

FILED
99 OCT 14 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA