P12000011415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

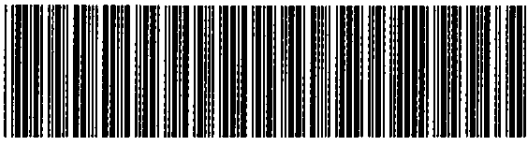
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
AMEND NUMBER OF SHARES OF STOCK AND CORRECTED TITLE INFORMATION PER TELEPHONE CONVERSATION WITH TREMAYNE GERARD CHAPMAN. T 02/02/12

Office Use Only



100219791571

02/01/12--01021--014 **87.50

FILED
12 FEB -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T 02/02/12

COVER LETTER

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

SUBJECT: GOT KRABS SEAFOOD, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Tremayne Gerard Chapman
Name (Printed or typed)

8143 Ft. Chiswell Trail
Address

Jacksonville, Florida 32244
City, State & Zip

9044440672
Daytime Telephone number

chapman009@hotmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: GOT KRABS SEAFOOD, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
4629 Moncrief Road
Jacksonville, FL 32209

Mailing address, if different is:
8143 Ft. Chiswell Trail
Jacksonville, FL 32244

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
THE PURPOSE OF THIS ORGANIZATION IS TO SALE CRABS, FISH, AND OTHER SEAFOOD TO BUSINESSES AND CONSUMERS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tremayne Gerard Chapman - P
Address: 8143 Ft. Chiswell Trail
Jacksonville, Florida 32244

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Tremayne Gerard Chapman
Address: 8143 Ft. Chiswell Trail
Jacksonville, Florida 32244

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Tremayne Gerard Chapman
Address: 8143 Ft. Chiswell Trail
Jacksonville, Florida 32244

12 FEB -1 PM 2:43

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent — Date: 12/13/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 12/13/2011