

PI3000027652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

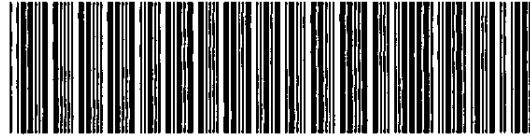
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: L & L TILAPIA FARM, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: L & L TILAPIA FARM, INC.
Name (Printed or typed)
2465 41ST AVENUE N.E.
Address
NAPLES, FL 34120
City, State & Zip
239-298-1418
Daytime Telephone number
navarrofarm@yahoo.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)

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ARTICLE I NAME
The name of the corporation shall be: L & L TILAPIA FARM, INC.

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ARTICLE II PRINCIPAL OFFICE
Principal street address
2465 41ST AVENUE N.E.

Mailing address, Talierman, Inc.
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NAPLES, FL 34120

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: AQUACULTURE FARMING

ARTICLE IV SHARES 100 (PRESIDENT HOLDS 52%) (VICE PRESIDENT HOLDS 48%)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LORENZO NAVARRO, PRESIDENT</u>	Name and Title:	<u>LAZARO MANUEL GIL, VICE PRESIDENT</u>
Address	<u>2465 41ST AVENUE N.E.</u>	Address:	<u>12351 SW 198TH STREET</u>
	<u>NAPLES, FL 34120</u>		<u>MIAMI, FL 33177</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(cont.)

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: LORENZO NAVARRO
Address: 2465 41ST AVENUE N.E.
NAPLES, FL 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: LORENZO NAVARRO
Address: 2465 41ST AVENUE N.E.
NAPLES, FL 34120

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

03/18/2013
Date

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

03/18/2013
Date