Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000180708 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| т | `~ | |
|---|----|---|
| | v | ٠ |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120080000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
|----------------|--|
|----------------|--|

FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA KEYS FISHERIE INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| | ART | ICLE II PRINCIPAL OI | FICE: |
|--|-------------------------|---------------------------------------|------------------------------|
| Summer and key, Fl 33042 FICLE III SHARES: The number of shares of stock is: ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: EAUI PUZ JY | | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | 718 W Sture | Þr | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | Summer and k | LLY, FL 33042 | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | 100 |
| Eaul Ruiz Jr | IICLE III SHARES | S: The number of shares of st | ock is: |
| Eaul Ruiz Jr | ARTICLE IV | INITIAL DIRECTORS AN | ID/OR OFFICERS: |
| President | PAUL RUIZ Jr | | |
| | President | : | |
| | | | |
| | | . , | |
| | | | 7.8 |
| | | | |
| | | | |
| RTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | name and Florida street | address (PO Box not accepta | ble) of the registered agent |
| name and Florida street address (PO Box not acceptable) of the registered agent is: | RAUI RUIZ Jr | · · · · · · · · · · · · · · · · · · · | |
| name and Florida street address (PO Box not acceptable) of the registered agent is: | 718 W Share Dr | | 20. Sint |
| name and Florida street address (PO Box not acceptable) of the registered agent is: PAUL RUZ JY 13 NA Chine Die | Summerland key | FL 33042 | 用の: |
| name and Florida street address (PO Box not acceptable) of the registered agent is: | | • | 707 |
| name and Florida street address (PO Box not acceptable) of the registered agent is: PUVI RUIZ JY HB W Share Dy Numberiand Key, FL 33042 | RTICLE VI INCORI | PORATOR: The name and a | ddress of the Incorporator |
| name and Florida street address (PO Box not acceptable) of the registered agent is: PULL RUIZ JY HIS W SHURE DY | Diana Dillo L | | Ç |
| name and Florida street address (PO Box not acceptable) of the registered agent is: PUVI RUIZ JY HB W Share Dr Superior of the registered agent is: Superior of the registered agent is: PUMMeriand key, FL 33042 | KNINI KNIK JA | | |
| name and Florida street address (PO Box not acceptable) of the registered agent is PAUL RUZ JY THE W Share DY TICLE VI INCORPORATOR: The name and address of the Incorporator is | | | |

Required Signatures:

3052201440

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

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.