P13000096968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

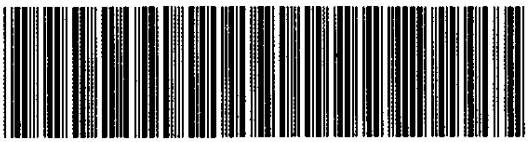
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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13 DEC -4 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/05/13

COVER LETTER

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

SUBJECT: The Fisherman's Wife 2, 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: Pam Lycett
Name (Printed or typed)

PO Box 874
Address

Carrabelle, FL 32322
City, State & Zip

850-697-3466
Daytime Telephone number

shrimpbox@aol.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: The Fisherman's Wife 2, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3348 Mahan Drive
Tallahassee, FL 32308

Mailing address, if different is:

PO Box 874
Carrabelle, FL 32323

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: A restaurant business.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pam Lycett, President
Address: PO Box 874
Carrabelle, FL 32323

Name and Title: James Lycett, VP
Address: PO Box 874
Carrabelle, FL 32323

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

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: Pam Lycett

Address: 208 West 11th Street

Carrabelle, FL 32323

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pam Lycett

Address: PO Box 874

Carrabelle, FL 32323

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TALLAHASSEE, FLORIDA

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

Pam Lycett
Required Signature/Registered Agent

12-3-2013
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.

Pam Lycett
Required Signature/Incorporator

12-3-2013
Date