(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Royal Lagon Scafford Co., Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Val Hammond Name of Person
Name of Person
Royal Lagoon Scafood Co. Inc. Firm/Company
5208 Mobile South St. Address
Address
Meadore, AL 36582
City/state and Zip code
City/State and Zip code Lisa @ ROYALLAGON SEAFOOD COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Plant at (251) (653-1975 Name of Person Area Code & Daytime Telephone Number
Name of Ferson Area Code & Daytine Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$78.75 Filing Fee & Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Alabama

(State or country under the law of which it is incorporated)

3. 43.1171358

(FEI number, if applicable) 5. Perpetual'
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted basiness in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5208 Mobile South Street, Theodore, AL 31682 (Principal office address) P.O. Box 190693, Mobile, AL 3669 (Current mailing address) mod Distributor (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 9 Mile Rd Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Address: ___ Director: __ Address: B. OFFICERS President: Val Hammond Address: 5208 Mobile South Street Vice President: Tanua Hammond Theodore, AL Secretary: Address: _____ Treasurer: Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

Val Hammond, President

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Royal Lagoon Seafood Co., Inc. was formed in Mobile County, Alabama on May 20, 1996. The Alabama Entity Identification number for this entity is 179-742. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

13 JAN -3 PH 12: 53



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/26/2012

Date

Beth Chapman

Beth Chapman

Secretary of State