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Certificates of Status Special Instructions to Filing Officer:	
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ERNIE COBBETT c/o David Paul Horan, Esq. Horan & Higgins, LLP 608 Whitehead Street Key West, Florida 33040 Telephone (305) 294-4585

October 30, 2017

Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallalussee, FL 32314

> Re: Release of Name to Reform Non-Profit Corporation Coastal Fishery Conservation, Inc.

To Whom It May Concern:

I, Ernie Cobbett, President of the former Florida Corporation, Coastal Fishery Conservation, Inc., hereby release the name for the purpose of reforming the Florida Corporation as a Florida Not-For-Profit Corporation.

Dated this ______ Dated this ______ Dated this ______ Dated this ______ Dated by Dat

BY: ERNIE COBBETT

-				
	CO	VER LETTER		
Department of St. Division of Corpo				
P. O. Box 6327 Tallahassee, FL	32314			
SUBJECT	STAL FISHERY CONSERVATION, (PROPOSED CORPO	INC DRATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an ori	ginal and one (1) copy of the Arti	icles of Incorporation and	a check for :	
■ \$ 70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
I FR	OM:Nom	e (Printed or typed)		
	608 Whitehead Street	Address		
	Key West, FL 33040			
	305-294-4585	ity, State & Zip ic l'elephone number		- NON
	David@homnhiggins.com			TAN
	E-mail address: (to be used for fu NOTE: Please provide the			STATE STATE
		original and one copy (A the articles.	
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- - -	ARTIC	LES OF INCORPORATION e with Chapter 617, F.S., (Not for Profit)	
ARTICLE I The name of	NAME the corporation shall be:	ERY CONSERVATION, INC	
	PRINCIPAL OFFICE		
	Principal <u>strect</u> address:	Mailing address, if different is:	
281	50 DOROTHY AVENUE		
LIT	TLE TORCH KEY, FL 33042		<u></u>
<u>ÅRTICLE II</u>	PURPOSE		
		Environmental/Sensitive Land Use	_
Aq	riculture, Fish Farm	ing, Bee_Keeping	
			·
<u></u>			
• <u>†</u>			
ARTICLE IV	MANNER OF ELECTION The main	nner in which the directors are elected and appointed:	
	ectors will be appoin	ted annually at the Annual Meeting	
		nted annually at the Annual Meeting	
<u>ARTICLE V</u>	INITIAL OFFICERS AND/OR DIRE	nted annually at the Annual Meeting	
<u>I<i>ŘTICLE_V</i></u> Name and Fitt	INITIAL OFFICERS AND/OR DIRES	nted annually at the Annual Meeting	
<u>1<i>ŘTICLE V</i></u> Name and Fitt	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE	nted annually at the Annual Meeting	
<u>1<i>ŘTICLE V</i></u> Name and Fitt	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE	ctorsName and Title: PRESIDENT	
<u>ARTICLE V</u> Name and Fitt Address	INITIAL OFFICERS AND/OR DIRE ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	<pre>nted annually at the Annual Meeting CTORSName and Title: PRESIDENTAddress:</pre>	
1 <u>RTICLE V</u> Name and Fith Address	INITIAL OFFICERS AND/OR DIRE ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	ctorsName and Title: PRESIDENT	
1 <u>RTICLE V</u> Name and Fith Address	INITIAL OFFICERS AND/OR DIRE ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	CTORSName and Title:	, ,
A <u>RTICLE V</u> Name and Fith Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	CTORSName and Title:	125 June 1
A <u>RTICLE V</u> Name and Fith Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	CTORSName and Title:	
1 <u>ŘTICLE V</u> Name and Fith Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	annually at the Annual Meeting CTORS Name and Title: Name and Title: Address: Address:	
A <u>RTICLE V</u> Name and Fith Address J Name and Title Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	
A <u>RTICLE V</u> Name and Fith Address I Name and Title Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	
A <u>RTICLE V</u> Name and Fith Address I Name and Title Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	The SINE
A <u>RTICLE</u> Name and Fith Address J Name and Title	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	PARTY STATE
A <u>RTICLE V</u> Name and Fith Address J Address Name and Title	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	Inclusion State
A <u>ŔTICLE</u> V Name and Fitt Address	INITIAL OFFICERS AND/OR DIRES ERNIE COBBETT 28150 DOROTHY AVENUE LITTLE TORCH KEY, FL 33042	anted annually at the Annual Meeting CTORS Name and Title: Address: Name and Title: Address:	

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11 1	le: Name and Title:		
Address	Address:		
Nume und Tit	c: Name and Title:		
Address	Address;		
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ARTICLE VI			
The oame and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the registered agent is:	ł,	
Name:	DAVID PAUL HORAN	NO	5 1- 1-
Address:	608 WHITEHEAD STREET	Ī	
	KEY WEST, FL 33040		
		T.	S - S
ARTICI, E VII	INCORPORATOR address of the Incorporator is:	Ŧ	
	ERNIE COBBETT	1	
Name:	28150 DOROTHY AVENUE		
Address:			
[]	LITTLE TORCH KEY, FL 33042		
RTICLE VII	EFFECTIVE DATE:		
(If an effective	f other than the date of filing: (OPTIONAL) date is listed, the date must be specific and cannot be more than five days prior or 90 days after the	filine.)	
ł			1
Note: If the da	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste tive date on the Department of State's records.	d as the	5 1
Having been n	med as registered agent to accept service of process for the above stated corporation at the place desig	nated in	this .
	Confliar with and accept the appointment as registered agent and agree to act in this capacity		i i
	Required Signature of Registered Agent 10-30-17	<u>/</u>	,
Lyubmit this do	ument and affirm that the facts stated herein are true. I am aware that any false information extended in		
id the Departme	t of Syste constitutes withird degree felony as provided for in \$.817.155, F.S.	a aucum	
<u> </u>	Required Signature of Incorporator $10/30/17$		r T
	Required Signature of Incorporator	-	4
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