

TRANSMITTAL LETTER

P01000024805

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR -9 PM 1:10

APPROVED
AND
FILED

SUBJECT: FISHBONES CAFE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003829063--8
-03/09/01--01090--015
*****78.75 *****78.75

Enclosed is 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: SHELLY POTTER
Name (Printed or typed)

99 MONOCOUE CIRCLE
Address

PANACEA FL 32346
City, State & Zip

(850) 984-0197
Daytime Telephone number

RECEIVED
01 MAR -9 PM 1:05
DIVISION OF CORPORATION

NOTE: Please provide the original and one copy of the articles.

3-9-01
WW

• **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:

FISHBONES CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 97
PANACEA FL 32346

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SHELLY POTTER - PRESIDENT
99 MONDCOUE CIRCLE
PANACEA FL 32346
TIM POTTER - VICE PRESIDENT
Same

IVANHOE CARROLL - PRESIDENT
50 SIMMONS CT
OCHLOCKONEE BAY, FL 32346
CLIFF CARROLL - VICE PRESIDENT
Same

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SHELLY POTTER
99 MONDCOUE CIRCLE
PANACEA FL 32346

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVANHOE CARROLL
50 SIMMONS CT.
OCHLOCKONEE BAY, FL 32346

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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