

TRANSMITTAL LETTER

PO1000110355

FILED  
01 OCT 15 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100004683151--6  
-11/15/01--01024--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SEVEN SPRINGS SEAFOOD COMPANY, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: PAUL M. JOHNSON  
Name (Printed or typed)

1166 Chancellor Dr.  
Address

Holiday, FL 34690  
City, State & Zip

727-945-9889  
Daytime Telephone number

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

J. BRYAN NOV 19 2001

## 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: **SEVEN SPRINGS SEAFOOD COMPANY, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **1166 Chancellor Dr.  
Holiday, FL 34690**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Sale of Seafood**

### ARTICLE IV SHARES

The number of shares of stock is: **1,000**

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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### ARTICLE VI REGISTERED AGENT

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

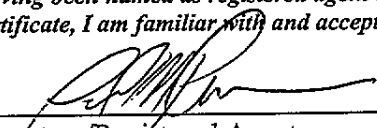
**Paul M. Johnson  
1166 Chancellor Dr.  
Holiday, FL 34690**

### ARTICLE VII INCORPORATOR

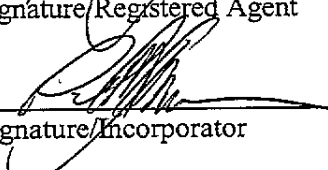
The name and address of the Incorporator is:

**Paul M. Johnson  
1166 Chancellor Dr.  
Holiday, FL 34690**

\*\*\*\*\*  
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

**11-12-01**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**11-12-01**  
\_\_\_\_\_  
Date