P02000025888

TRANSMITTAL LETTER

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

SUBJECT:

THE CRAB SHACK, INC.

900005040989---E -03/04/02--01079--008 ******70.00 ******70.00

(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 Status

FROM:

ROBYN PFEIFFER

Name (printed or typed)

8108 BRIGHTON DRIVE

(Address)

PORT RICHEY, FL 34668

(City/State//Zip)

(727) 845-4183

(Day time telephone number)

NOTE: Please provide the original and one (1) copy of the Articles

02 MAR -4 PM 12: 51
SECRETARY OF STATI

DIVISION OF CORPORATIONS, P.O. BOX 6327 TALLAHASSEE, FL 32314

03-08-02

ARTICLES OF INCORPORATION

OF

THE CRAB SHACK, INC.



The undersigned incorporation (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE CRAB SHACK, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5430 BAYLEA AVENUE PORT RICHEY, FL 34668

ARTICLE III

CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

1000 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER, SR. 9110 STERLING LANE PORT RICHEY, FL 34668

ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

ROBYN PFEIFFER (PRESIDENT) 8108 BRIGHTON DRIVE PORT RICHEY, FL 34668

1ST __DAY__OF MARCH ___2002

P__Signature/Title
______SEC__Signature/Title
______Signature/Title

_Signature/Title

The undersigned has (have) executed these Articles of Incorporation this

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUATES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:			
THE CRAB SHACK, INC.		02 MAR SECREI	
The name and address of the registered agent and office is:		R-4 R-4 HASSE	
JAMES H. COLLIER SR(Name)	, 	PH 12: 54 OF STATE F FLORIDA	
9110 STERLING LANE (P. O. Box not acceptable)			·· ,
PORT RICHEY, FL 34668 (City/State/Zip)			• • • • • • • • • • • • • • • •

I have been named as registered agent and to accept service of process for the aboved stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)