

POW 35287

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

700005113007--1
-03/18/02--01044--011
*****78.75 *****78.75

SUBJECT: HAIF Shells Oyster BAR + Restaurant, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Janice L. Ott
Name (Printed or typed)

P.O. Box 429
Address

Holder, FL 34445
City, State & Zip

352-489-7119
Daytime Telephone number

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

FILED
02 APR -1 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

[Handwritten signature: R.A. Sk...]
[Handwritten number: 102-2044]



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 22, 2002

JANICE L. OTT
P.O. BOX 429
HOLDER, FL 34445

SUBJECT: HALF SHELLS OYSTER BAR & RESTAURANT, INC.
Ref. Number: W02000008044

We have received your document for HALF SHELLS OYSTER BAR & RESTAURANT, INC.. However, the document has not been filed and is being returned for the following:

A post office box is not an acceptable address for the registered agent.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 002A00017196

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:

Half Shells Oyster Bar & Restaurant, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Prin.) 773 NE 5th St
Crystal River, FL 34429

mailling

P.O. Box 429
Holder, FL 34445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Janice L. Ott
10890 N. Quarry Dr
Citrus Springs, FL 34434

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Janice L. Ott
10890 N. Quarry Dr
Citrus Springs, FL 34434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janice L. Ott
10890 N. Quarry Dr
Citrus Springs, FL 34434

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

3-27-02

Signature/Incorporator

Date

3-27-02