

TRANSMITTAL LETTER

P 02000057852

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

SUBJECT: Banana Starfish Inc.
(Proposed corporate name - must include suffix)

100005599861--0
-05/23/02--01054--011
*****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: Banana Starfish Inc.
Name (Printed or typed)

139 E. Garfield Dr.
Address

St. George Is. Fla. 32328
City, State & Zip

(850) 927-8422
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY 23 AM 10:17

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

F. CHESSEB MAY 24

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:

Banana Star Fish, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

139 E. Gorrie Dr. St. George Isl. Fla 32328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Mary Summer 139 E. Gorrie Dr.
St. George Isl. Fla. 32328 P.V.P. - T-S.

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Mary Summer 139 E. Gorrie Dr. St. George Isl. Fla. 32328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Mary Summer 139 E. Gorrie Dr. St. George Isl. Fla.
32328

Having been named as registered agent and to accept service of process for the above 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.

Mary Summer
Signature/Registered Agent

5-24-02

Date

Mary Summer
Signature/Incorporator

5-24-02

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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