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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

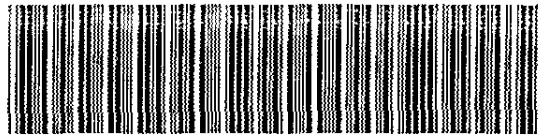
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5.5.03
B.

TRANSMITTAL LETTER

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

SUBJECT: THE FISHERMAN'S CORNER 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: LEOLA M. LEWIS
Name (Printed or typed)

13486 PERDIDO KEY DR
Address

PENSACOLA FL 32507
City, State & Zip

(850) 492-5574
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

THE FISHERMAN'S CORNER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13486 PERDIDO KEY DRIVE
PENSACOLA FLORIDA 32507 ESCAMBIA COUNTY

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES OF BAIT + TACKLE + FOOD

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF COMMON STOCK - \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LEOLA M. LEWIS 5640 BOB-O-LINK RD PENSACOLA FL 32507 DIRECTOR / PRESIDENT
TERRANCE A. LEWIS 5640 BOB-O-LINK RD PENSACOLA FL 32507 VICE-PRESIDENT
CORY L. RODRIGUES HCRI BOX 5604 KEAAU HI 96749 SECRETARY

ARTICLE VI REGISTERED AGENT

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

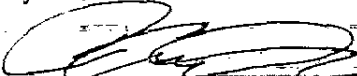
TERRANCE A. LEWIS
13486 PERDIDO KEY PENSACOLA FL 32507

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEOLA M. LEWIS
5640 BOB-O-LINK RD PENSACOLA FL 32507

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 TERRANCE A. LEWIS

04-23-03

Date



Signature/Incorporator LEOLA M. LEWIS

04-23-03

Date