

PD30000 50763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

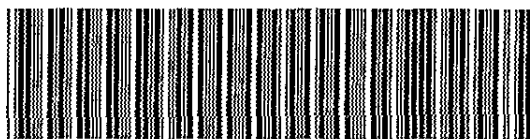
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FILED
03 MAY - 1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Big Bites Bait & Tackle 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: Teressa Spada Fichera

Name (Printed or typed)

323 N. Orange Street

Address

New Smyrna Beach, FL 32168

City, State & Zip

386 427-1925

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)

ARTICLE I NAME

The name of the corporation shall be:

Big Bites Bait & Tackle Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

323 N.Orange Street New Smyrna Beach, FL 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bait & Tackle Sales

ARTICLE IV SHARES

The number of shares of stock is:

100 Common

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Teressa Spada Fichera 323 N.Orange Street New Smyrna Beach FL 32168

ARTICLE VII INCORPORATOR

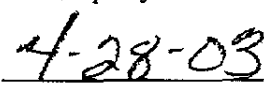
The name and address of the Incorporator is:

Teressa Spada Fichera 323 N.Orange Street New Smyrna Beach FL 32168


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



Signature/Incorporator



Date

FILED

03 MAY -1 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA