# P07000053837

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



600097932296

05/03/07--01034--015 \*\*87.50

SECRETARY OF STATE. FALLAHASSEE, FLORIDA

07 HAY -3 PN 4: 00

1/4

# **COVER LETTER**

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

SUBJECT: Captiv	/e Seas Inc. (PROPOSED CORPORATE	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	**\$87.50  Filing Fee,  Certified Copy  & Certificate of  Status  PY REQUIRED
FROM: Lar	nce Ichinotsubo		
	Name (	(Printed or typed)	
8	3202 Wiles Road, Suite 14	12	
	A	Address	<del></del>
<u>(</u>	Coral Springs, FL 33067	State & Zip	
<u>(9</u>	954) 275-2888	elephone number	
	Daytinic 13	PIPPHONE HUNDON	

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)

FILED

# ARTICLE I NAME

The name of the corporation shall be:

Captive Seas Inc.

07 MAY -3 PH 4: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8202 Wiles Road, Suite 142 Coral Springs, FL 33067

# *ARTICLE III PURPOSE*

The purpose for which the corporation is organized is:

to create a business, which provides consultation, design, installation and maintenance of aquarium systems for clients in the Palm Beach, Broward and Dade County areas of South Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

10

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mikki Ichinotsubo, CEO

Lance Ichinotsubo, President

8202 Wiles Road, Suite 142

8202 Wiles Road, Suite 142

Coral Springs, FL 33067

Coral Springs, FL 33067

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mikki Ichinotsubo 8202 Wiles Road, Suite 142 Coral Springs, FL 33067

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lance Ichinotsubo 8202 Wiles Road, Suite 142 Coral Springs, FL 33067

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

Signature/Incorporator

MAY 1, 2007 May 1, 2007