P080000021674

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				





300119021003

02/28/08--01045--008 **78.75

DIVISION OF CORPORATIONS

ON FEB 28 PM 2: 20

EP 2/29/08

Preston Thompson 3511Dewey Rose Lane Cantonment, Florida 32533

Feb/26/2008

Secretary of State Corporate Division Post Office Box 6327 Tallahassee, Florida 32314

To Whom it May Concern:

Enclosed a money order for \$78.70 and two copies of the Articles of Incorporation for Mass Korner Seafood Co., inc.

We have been informed that this corporate name is available and we are not aware of any other entity using this name in the State of Florida.

Please process this information and return the necessary material to me at the above address.

Thank you for your assistance in this matter.

Very truly yours.

Preston Thompson

. COVER LETTER

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

_{SUBJECT:} Mass	s Korner Seafood Co.,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	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 PPY REQUIRED
FROM: P	reston Thompson		
1 KOW		(Printed or typed)	· -· · · · · · · · · · · · · · · · · ·
	3511 Dewey Rose Lan	I C Address	
	Cantonment, Florida 3	2533 State & Zip	
	850-393-3196	elephone 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:

Mass Korner Seafood Co., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3511 Dewey Rose Lane Cantonment, Florida 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Seafood Distribution and Seafood Sandwich Stand

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Preston Thompson
 3511 Dewey Rose Lane
 Cantonment, Florida 32533

President and Treasurer Number of Stocks 50 percent.

2- Cuong Van Dang 934 E JoHNSON AVE. CV 6055-Schofield Dr. 32514 CV Pensacola, Florida 32505—

VP and Secretary.
Number of Stocks 50 percent.

DIVISION OF CORPORATIONS
01VISION OF CORPORATIONS
08 FEB 28 PH 2: 20

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Preston Thompson 3511 Dewey Rose Lane

ARTICLE VII INCORPORATOR

Cantonment, Florida 32533

The <u>name and address</u> of the Incorporator is: Cuong Van Dang 6055 Schofield Drive Pensacola, Florida 32505

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

02/27/2008

Date

02/27/2008

Date

08 FEB 28 PM 2: 2

SECRETARY OF SATIONS DIVISION OF CORPORATIONS

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

State of Florida Bonded By National Notary Assn Commission # DD 517462

me this 26.1H day of FEBRUAR 7 The foregoing instrument was acknowledged before 2008

by PRESTON THOMPSON JONG VAN

who is personally known to me or who has produced

PERSONALLY KNOWN TO ME

CUONG VAN DANG DR. LIC#D520_ Type of Identification

as identification,

Signature of Notary Public

Notary Public

AKHRAFE

Commission No. DD 517462

Name of Notary Typed, Printed or Stamped

OPTIONAL -

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Title or Type of Document: DEPARTMENT Description of Attached Document

top of thumb here

Signer(s) Other Than Named Above:

Document Date: FEB-27-2008

Number of Pages: 3 AFXIRA COPY

DIVISION OF CORPORATION