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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

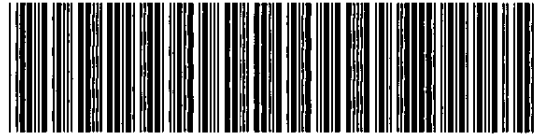
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 3 AM 11:29

EP 3/6/08

**COVER LETTER**

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

**SUBJECT: SNAKE CATCHERS 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: DAVID FENNER**

Name (Printed or typed)

**2531 CIMARRONE BLVD**

Address

**ST. JOHNS, FL 32259**

City, State & Zip

**904-803-5824**

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:

**SNAKE CATCHERS INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**2531 CIMARRONE BLVD.**

**ST. JOHNS, FL 32259**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**FOR PROFIT**

## **ARTICLE IV SHARES**

The number of shares of stock is:

**100**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**DAVID FENNER**

**2531 CIMARRONE BLVD.**

**ST. JOHNS, FL 32259**

**PRESIDENT**

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**ARTICLE VI REGISTERED AGENT**

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

DAVID FENNER  
2531 CIMARRONE BLVD.  
ST. JOHNS, FL 32259

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID FENNER  
2531 CIMARRONE BLVD.  
ST. JOHNS, FL 32259

\*\*\*\*\*

*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

\_\_\_\_\_  
1/01/2008

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
1/01/2008

\_\_\_\_\_  
Date

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