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(Requestor's Name)				
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PICK-UP WAIT MAIL				
THE TOTAL TOTAL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

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

SUBJECT: Lue	cky Fish Inc. (PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation an	d 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
FROM: R	yanne Wilkins		
	Name ((Printed or typed)	
	44 west 2nd street		
	Ā	Address	_
	Jacksonville Florida 32206		
	City,	State & Zip	
	904-554-9929		
	Daytime To	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)

OB APR 14 PH 2: 24

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Luecky Fish Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

44 west 2nd Street Jacksonville Florida 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Ryanne Wilkins

44 west 2nd Street Jacksonville Florida 32206 (P)

Kelly Lueckert

12406 Silent Brook Trail North Jacksonville Florida 32225 (VP)

ARTICLE VI REGISTERED AGENT

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

Ryanne Wilkins

44 west 2nd Street Jacksonville Florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryanne Wilkins

44 west 2nd Street Jacksonville Florida

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