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## **COVER LETTER**

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

SUBJECT:	ncle Sams CDA (PROPOSED CORPORA	bohack In	1
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED
FROM:	SAMUEL WA	V 50 W e (Printed or typed)	
	12903 Frany 5	TONE Loop Address	······
	Fort Myers ?	FL 339/3 State & Zip	
	039-292- Daytime T	- -	
	Samuay son & y		notification

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: LNCLE Sams CRABSHACK INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 10265 N TAMIAMI TAKIL SUITE10 NAPLES 7/ 34108 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Due Business [senfood retail outlet) 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): SAMUEL WAYSON PRES. 100 SHARES - 100 70 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SAMUEL WAYSON PRES 12903 I VORYSTONE LOOP Fort myets 7L 33913 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SAMUEL WAYSON PRES. 12903 FLORY STONE LOOP Fort Myers FL 33913 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

Date

Signature/Registered Agent

Signature/Incorporator