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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

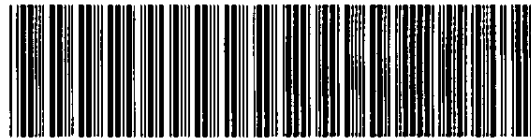
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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2011 JAN 10 PM 4:41

STATE OF ALABAMA  
TALLAHASSEE, FL 09007

T. Birch JAN 11 2011

## COVER LETTER

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

SUBJECT: THE COMPLETE REEF 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: PAUL M STROH  
Name (Printed or typed)

6004 SPRING LAKE TERRACE  
Address

FORT PIERCE FL 34951  
City, State & Zip

516-840-0392 / 772-466-7538  
Daytime Telephone number

REELMAGICII@COMCAST.NET  
E-mail address: (to be used for future annual report 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: THE COMPLETE REEF INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6004 SPRING LAKE TERRACE  
FT. PIERCE FL 34951

6004 SPRING LAKE TERRACE  
FT. PIERCE FL 34951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RETAIL AQUARIUM AND PET SUPPLIES  
INCLUDING ASSOCIATED EQUIPMENT. ALSO CORAL PROPAGATION LIVE  
MARINE CORALS THIS INCLUDES THE PROPAGATION AND GROWING  
OF MARINE CORALS.

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED

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

Name and Title: PAUL M STROH PRES

Address: 6004 SPRING LAKE TERRACE  
FT. PIERCE FL 34951

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: PAUL M STROH

Address: 6004 SPRING LAKE TERRACE  
FT. PIERCE FL 34951

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAUL M STROH

Address: 6004 SPRING LAKE TERRACE  
FT. PIERCE FL 34951

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]  
Required Signature/Registered Agent

2/6/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

2/6/11  
Date

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