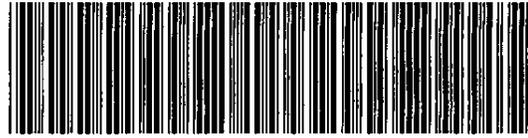


P11000026504



400187361794

11/04/10--01027--014 **78.75

(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:

W10-52212

Office Use Only

FILED
2011 MAR 17 PM 4:41
TALLAHASSEE, FLORIDA

16 MAR 16 2011

COVER LETTER

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

SUBJECT: WILLIE'S FISH MARKET, 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

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

FROM: Gloria M. Ford
Name (Printed or typed)

8015 S US Highway One
Address

Port Saint Lucie, FL 34952
City, State & Zip

347-423-2313
Daytime Telephone number

gloriammorgan@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

GLORIA M. FORD
8015 S US HWY ONE
PORT SAINT LUCIE, FL 34952

SUBJECT: WILLIE'S FISH MARKET, INC.
Ref. Number: W10000052212

RECEIVED
11 MAR 17 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WILLIE'S FISH MARKET, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 410A00026268

GLORIA M. FORD
8015 S US HIGHWAY ONE
PORT ST LUCIE, FL. 34952
(347) 423 - 2313

AFFIDAVIT

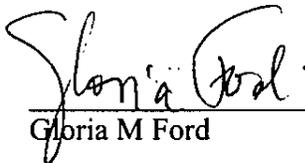
FILED
2011 MAR 17 PM 4:41
CLERK OF DISTRICT COURT
PORT ST LUCIE, FL 34901

DATE: MARCH 15, 2011

RE: REJECTED FILING DOCUMENT NUMBER W1000052212
WILLIE'S FISH MARKET, INC

I do not intend to reinstate the original corporation (Willie's Fish Market, Inc) and I hereby request that the name (Willie's Fish Market, Inc) be released as soon as possible.

Sincerely,



Gloria M Ford

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: WILLIE'S FISH MARKET, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
8015 S US HIGHWAY ONE
PORT ST LUCIE, FL 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLORIA M FORD, PRESIDENT
Address: 8015 S US HIGHWAY ONE
PORT ST LUCIE, FL 34952

Name and Title: _____
Address: _____

Name and Title: RANDALL B MCDOUGALL VP
Address: 8015 S US HIGHWAY ONE
PORT ST LUCIE, FL 34952

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: GLORIA M FORD
Address: 8015 S US HIGHWAY ONE
PORT ST LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLORIA M FORD
Address: 8015 US HIGHWAY ONE
PORT ST LUCIE, FL 34952

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

Gloria M Ford

Required Signature/Registered Agent

Oct 29 2010

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.

Gloria M Ford

Required Signature/Incorporator

Oct 29, 2010

Date

2011 MAR 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED