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COVER LETTER

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

subject: The Crab	TE NAME - MUST INCLUDE SUFFIX)		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Name (Printed or typed)			
4380 Charter Point Blut.			
Jacksonville Florida 32277			
(904) 502-8819 Daytime Telephone number			
Staffing 5@ (ahoo.com 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)

The name of the corpor	AME ration shall be: The Crab	Trapp I	~.	
21	Principal office Principal street address 5 500 N. Murtle Au CK 50 mille Florida 32209	re. <u>438</u> 0	address, if different is: Charter Point Blud Duille Floride 2277	
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is: The purpose for which this corporation is being organized is to retail and wholesale seafood.				
is to ret	ail and wholesale	seafood.	is being organ	
ARTICLE IV SI	IARES	•		
The number of shares	of stock is: 1,000			
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
Name and Title: Address:	Antonio Johnson (CEL 4380 Charler Point But. Tackson ille Florida 3	Address:		
Name and Ti Address:	- 	4 1 1		
Name and Title: Address:				
	a street address (P.O. Box NOT acceptable) of		SECRETAR VISION OF	
_	A380 Charter Point DOLLSON, ILLE FLOVICE 3	1314. 13277	LED CORPO	
The name and address Name: Address:	softhe Incorporator is: Attania Johnson 1380 Charter Poin Jacksoni lle Florida	1 J Blal 32277	I: 16	
Having been named a this certificate, I am fa	is registered agent to accept service of process miliar with and accept the appointment as regi	s for the above stated cor istered agent and agree to	poration at the place designated in act in this capacity	
Center	Required Signature/Registered Agent		(0/4/2011 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.				
andoriu	Required Signature/Incorporator	······································	6/4/2011	