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(Requestor's Name)			
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(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(dusiness Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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DIVISION OF CUSPORATION OF CUSPORATI

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COVER LETTER

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

BJECT: 4-U FISHERIES, INC (PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
closed are an original and one (1) copy of the ar	ticles 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: ELENA:P. REYES	arabotto Messar best per pro-
FROM: ELENA:P. REYES Nam	re (Printed or typed)
18025 SW 83RD COUR	RT
18025 SW 83RD COUR	
18025 SW 83RD COUR	RT Address RIDA 33157
18025 SW 83RD COUR	RT Address RIDA 33157
18025 SW 83RD COUR PALMETTO BAY, FLO City, 786-246-0270	RT Address RIDA 33157
18025 SW 83RD COUR PALMETTO BAY, FLO City. 786-246-0270 Daytime 1	Address

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)

SECRETARY OF STATE
ALVISION OF CORPORATION.

ARTICLE I	4-U FISHERIES, INC		DIAIDION OF COM SHOW
The name of the	corporation shall be:		2011 JUL 25 PM 2: 57
ARTICLE II	PRINCIPAL OFFICE		Z0:1 JUL 23 111 2 0
	Principal street address	Mailing	address, if different is:
	18757 SW 344 TERR	SAME	· · · · · · · · · · · · · · · · · · ·
	LOT#6		
	FLORIDA CITY, FLORIDA 33034		
ARTICLE III	PURPOSE		
	which the corporation is organized is: CIAL FISHING		
ARTICLE IV	SHARES		
	hares of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTOL		
Address:	Title: ABIU GONZALEZ PRESIDENT 18757 SW 344 TERR		
Addiess.	LOT # 6	_	
	FLORIDA CITY, FLORIDA 33034		
	·		
	Title: ABIU GONZALEZ SECRETARY		
Address:	18757 SW 344 TERR LOT # 6		
	FLORIDA CITY, FLORIDA 33034		
			· · · · · · · · · · · · · · · · · · ·
	Title:	Name and Title:	
Address:		Address:	
		-	
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	ELENA P. REYES		
Address:	18025.SW 83RD COURT Palmetto BAY FLORIDA 331	 157	
	Talmeteo BAT, PLORIDA 331	LΩI	
	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	FLENA P. REYES		
Address:	18025 SW 83RD COURT	 57	
	PALMETTO BAY, FLORIDA 3315	a.r	
Having been nar	med as registered agent to accept service of proces	ss for the above stated cor	poration at the place designated in
his certificate, I	am familiar with and accept the appointment as reg	gistered agent and agree to	act in this capacity
	(S(a), b)	0	
	Slew I key	<u> </u>	07-22-2011
	Required Signature/Registered Agent		Date
		_ 4 #	- Calan Indiana di
	cument and affirm that the facts stated herein are Department of State <u>co</u> nstitutes a third degree felon		
ocument Wine I		iy as proviuca jor in 5.01 /.	2 July 2 0130
	Elm Phus	· L	07-22-2011
	Required Signature/Incorporator	'	Date
			~ ~~~