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(Requestor's Name)	*************************************			
(Address)				
(Address)				
(City/State/Zip/Phon	e #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates	s of Status			
Special Instructions to Filing Officer:				
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: C+W FRESH S (PROPOSED CORPORA	SEAFOOD INC.			
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: CLARICE J. WOODARD Name (Printed or typed)				
Name (Printed or typed)				
1928 CHARLAIS ST				
Address				
TALLAHASSEE City	FLA 323/7 , Spate & Zip			
850 32 Daytime	71 - 3284 Telephone number			
Woodard, W: 11:e E-mail address: (to be use	af Jahoo . Com ed for future angual 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 N. The name of the corpo	AME ration shall be: C+W FRESH	SEAFOOD INC	<u>'</u>
ARTICLE II PI	RINCIPAL OFFICE Principal street address 32 Prumby ST UMCY FLA 32351	Mailing addre 1928 Chan Tällahasse	
The purpose for which selling sea	h the corporation is organized is:		
ARTICLE IV SI	HARES of stock is: 50		
	NITIAL OFFICERS AND/OR DIRECTORS CLARICE OF WOODLAND (P) 1928 Charlais St Tallahassee, Fl 32317		
Name and Title: Address:	Willie J. Woodard (VP) 1928 Charleis St Tallahassee FL 32317	Name and Title:Address:	
Name and Title: Address:		Name and Title:Address:	= = = = = = = = = = = = = = = = = = =
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of a CLARFCE J. WOODAND 1928 Charlais St Tallahassee, Fl 32317	the registered agent is:	-2 PARE!
ARTICLE VII IN The name and address Name: Address:	Secondary Second	4RD	OF THE PERSON OF
this certificate, I am fo	as registered agent to accept service of process amiliar with and accept the appointment as registered. Required Signature/Registered Agent	stered agent and agree to act is	
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.			
Karne	Required Signature/Incorporator		8/2/20/1 Date