

P 12000000 822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

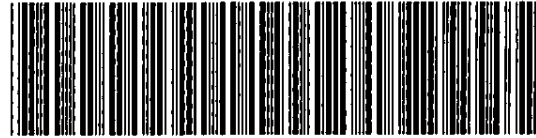
(Document Number)

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Certificates of Status ☒

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DEPARTMENT OF STATE  
12 JAN -4 AM 10:57

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12 JAN -4 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4/12

COVER LETTER

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12 JAN -4 AM 11:06

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Poteet Seafood Gulf Division 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: Lee Poteet

Name (Printed or typed)

Post Office Box 556

Address

Carrabelle FL 32322

City, State & Zip

850-209-4124

Daytime Telephone number

millendertax@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: Poteet Seafood Gulf Division Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
405 S E Avenue F  
Carrabelle FL 32322

Mailing address, if different is:  
Post Office Box 556  
Carrabelle FL 32322  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To do business in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lee Poteet President  
Address: 405 SE Avenue F  
Carrabelle FL 32322

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

Name and Title: Randall B. Poteet Vice President  
Address: 1872 O Lafayette Road  
Rock Spring GA 30739-2214

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:

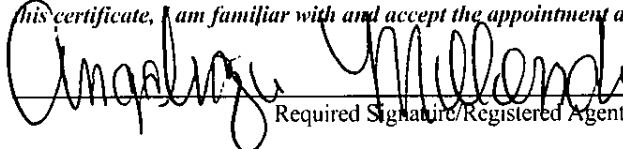
Name: Angelique Millender  
Address: 3295 Crawfordville Hwy Suite 4  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

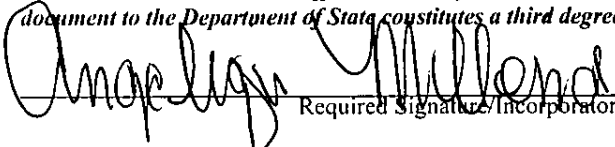
Name: Angelique Millender  
Address: 3295 Crawfordville Hwy Suite 4  
Crawfordville FL 32327

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

  
Required Signature/Registered Agent

1/4/2012  
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.

  
Required Signature/Incorporator

1/4/2012  
Date