

P12000015392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

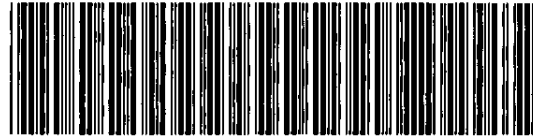
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500221170015

02/13/12--01031--016 **78.75

FILED
12 FEB 13 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/15/12

COVER LETTER

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

SUBJECT: Crazy Lure Bait & Tackle, 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: Jonathan R. Black

Name (Printed or typed)

717 Sw 39th Terrace

Address

Cape Coral, Florida 33914

City, State & Zip

812-582-1928

Daytime Telephone number

jonathanblack@live.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

Crazy Lure Bait & Tackle, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4839 Vincennes Street
Cape Coral, Florida
33904

Mailing address, if different is:

4839 Vincennes Street
Cape Coral, Florida
33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To run a bait And tackle shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan R. Black / Owner President
Address: 717 sw 39th Terrace
Cape Coral, Fl
33914

Name and Title: James M. Shelton / Owner VP
Address: 1146 sw 7th Terrace
Cape Coral, Fl
33991

Name and Title: _____
Address: _____

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: Jonathan R. Black
Address: 717 sw 39th Terrace
Cape Coral, Fl 33914


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan R. Black
Address: 717 sw 39th Terrace
Cape Coral, Fl 33914

FILED
12 FEB 13 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2-05-2012

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

2-05-2012

Date