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(Requestor's Name)

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(City/State/Zip/Phone #)

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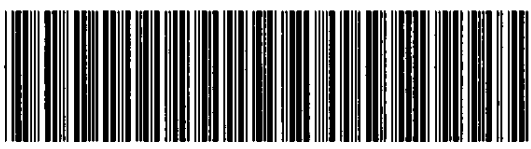
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
12 FEB 22 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
2/23/12

**COVER LETTER**

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

SUBJECT: CAPTAIN SNORKY, 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: KAREN B. O'NEILL  
Name (Printed or typed)

1009 21st St No  
Address

JACKSONVILLE BEH, FL 32250  
City, State & Zip

904-249-3100  
Daytime Telephone number

ONEILLS2@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: CAPTAIN SNORKY, INC.

**ARTICLE II PRINCIPAL OFFICE**

BOAT DOCK  
Principal street address:  
325 POBY PLACE  
FERNANDINA Bch, FL 32034

Mailing address, if different is:  
2032 ANDREAU RD  
ATLANTIC Bch, FL 32233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
COMMERCIAL FISHING

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ARTHUR CARUSO, PRES Name and Title: \_\_\_\_\_  
Address: 2225 SUSAN DR. Address: \_\_\_\_\_  
FERNANDINA Bch, FL 32034

Name and Title: CARL F. CANOVA, V.P. Name and Title: \_\_\_\_\_  
Address: 2032 ANDREAU RD Address: \_\_\_\_\_  
ATLANTIC Bch, FL 32233

Name and Title: JUDY CANOVA, TREAS Name and Title: \_\_\_\_\_  
Address: 2032 ANDREAU RD Address: \_\_\_\_\_  
ATLANTIC Bch, FL 32233

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KAREN B. O'NEILL  
Address: 1009 21ST ST NO  
JACKSONVILLE Bch, FL 32250

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KAREN B. O'NEILL  
Address: 1009 21ST ST NO.  
JACKSONVILLE Bch, FL 32250

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

Karen B. O'Neill

Required Signature/Registered Agent

2/4/12

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.

Karen B. O'Neill

Required Signature/Incorporator

2/4/12

Date