

P12000098524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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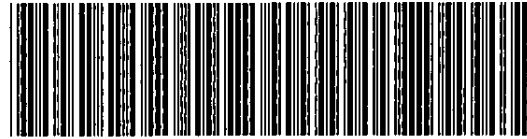
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 30 AM 10:11

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J. Shivers DEC 03 2012

W12-26060



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2012

JAMES ALLEN
19 BAYVIEW DR
APALACHICOLA, FL 32320

SUBJECT: HARLEY ALLEN SEAFOOD INC
Ref. Number: W12000026060

We have received your document for HARLEY ALLEN SEAFOOD INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 112A00013984

COVER LETTER

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

SUBJECT: HARLEY ALLEN Seafood 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: JAMES ALLEN
Name (Printed or typed)

19 Bayview Drive
Address

APALACHICOLA, FL 32320
City, State & Zip

850 653 9882
Daytime Telephone number

troutfish@mchsi.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

H. ALLEN SEAFOOD, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ addressHighway 90 WEST
Apalachicola FL 32320

Mailing address, if different is:

19 Bayview Drive
Apalachicola FL 32320**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Seafood Sales and Processing, including Oyster Processing
Sales and Delivery and Seafood Sales and Delivery**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAMES ALLEN, PresidentAddress: 19 Bayview DriveApalachicola, FL 32320

Name and Title: _____

Address: _____

Name and Title: MARGARET ALLEN, DirectorAddress: 19 Bayview DriveApalachicola, FL 32320

Name and Title: _____

Address: _____

Name and Title: HARLEY ALLEN, DirectorAddress: 19 Bayview DriveApalachicola FL 32320

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: JAMES ALLENAddress: 19 Bayview DriveApalachicola FL 32320**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAMES ALLENAddress: 19 Bayview DriveApalachicola FL 32320

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

James L. Allen

Required Signature/Registered Agent

5-7-12

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.

James L. Allen

Required Signature/Incorporator

5 7 12

Date

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TALLAHASSEE FLORIDA

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