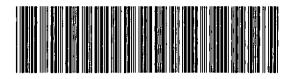
91200098595

(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



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SECRETARY OF STATE

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COVER LETTER

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

_{SUBJECT:} Fre	sh off the Hook I	nc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
FROM: R	obert Richards	e (Printed or typed)	
13	312 Fatio Rd	· · · · · · · · · · · · · · · · · · ·	
 -		Address	
D	eLand FI 32720		
	City,	State & Zip	
38	36-747-1276		
	Daytime T	elephone number	
ric	hardsb54@yaho	o.com	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE				
	Principal <u>street</u> address 2997 West Newtork eve Del and FI 32720	Mailing address, if d	arrerent is:		
		· · · · · · · · · · · · · · · · · · ·	<u></u>		
			C 6: 73		

ARTICLE III			And we are a second		
The purpose to	which the corporation is organized is: To ope	en a Florida for profit business	W 30		
			31) m.		
			AM IO: 52		
			HIO: 52		
ARTICLE IV	SHARES		جر.		
The number of s	hares of stock is: 100				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	MAPR			
	Title: Robert Richards, President	Name and Title:			
Address:	1312 Fatio rd	4.4.1			
11001033.	DeLand Fl 32720				
		• •			
	All to the second secon				
Name and	Title: Gary Putsfus Vice President	Name and Title:			
Address:	518 Gentian rd	Address:			
	St Augustine fl 32086				
					
Name and	Title:	Name and Title:			
Address:					
ARTICLE VI	REGISTERED AGENT	N - 6.4 1 1 1 1			
Name:	Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:			
Address:	1312 Fatio rd				
Address.	DeLand FI 32720				
	A A MARINE A CALL MAR				
ARTICLE VII	INCORPORATOR				
The <u>name and a</u>	ddress of the Incorporator is:				
Name:	Robert Richards				
Address:	1312 Fatio rd				
	DeLand FI 32720	······			
** • •					
Having been na	med as registered agent to accept service of pro	cess for the above stated corporation at t	he place designated in		
inis certyicate, i	am familiar with and accept the appointment as	s registerea agent ana agree to act in this	сарасиу		
	11 0 L 11. 00		1/2-/-		
/	Covas Runad		1/27/2012		
	Required Signature/Registered Agent		' Date		
		and twee I am groupe that the false infor-	mation anhuittad in -		
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