

P/3000023279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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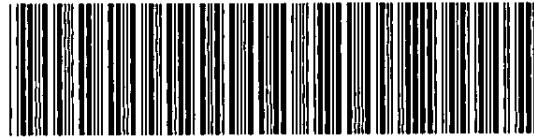
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 03/13/13

COVER LETTER

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

SUBJECT: SEAFOOD 4 U EMPORIUM 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: MANUEL CARNEIRO
Name (Printed or typed)

4490 N. US HWY 1 STE. 111
Address

BUNNELL FL. 32110
City, State & Zip

386-445 2620

Daytime Telephone number

info@alamobusinesscenter.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: SEAFOOD 4 U EMPORIUM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4490 N. US HWY 1
Ste. 102 BUNNELL FL.
32110

Mailing address, if different is:

4490 N. US HWY 1
STE. 102 BUNNELL FL.
32110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEAFOOD RETAIL

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL CARNETRO
PRESIDENT

Address: 4490 N. US HWY 1
STE. 111 BUNNELL FL. 32110

Name and Title: _____

Address: _____

Name and Title: LUIS JANOTA
SECRETARY

Address: 78 OLD SMALLYTOWN ROAD
WARREN N.J 07059

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MANUEL CARNEIRO
Address: 4490 N. US HWY 1 STE 111
BUNNELL, FL. 32110

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MANUEL CARNEIRO
Address: 4490 N. US HWY 1 STE 111
BUNNELL, FL. 32110

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PALM BEACH, 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

Manuel Carneiro
Required Signature/Registered Agent

3/8/2013
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.

Manuel Carneiro
Required Signature/Incorporator

3/8/2013
Date