

P13000074220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

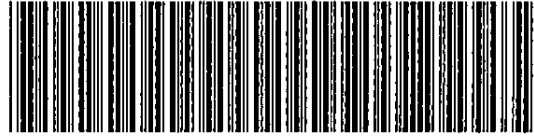
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Certified Copies

Certificates of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 6 AM 10:21

9-11-13

COVER LETTER

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

SUBJECT: THE CAPTAIN'S MERMAID, 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: Kristi Ann Mills

Name (Printed or typed)

511 Avenue A

Address

Key West, Florida 33040

City, State & Zip

(305) 304.1988

Daytime Telephone number

kristiannskryptonite@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -6 AM 11:04

ARTICLE I NAME

The name of the corporation shall be: The Captain's Mermaid, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

511 Avenue A
Key West, Florida 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail sales, and any other lawful business activities permitted in the State of Florida

ARTICLE IV SHARES

Five hundred (500) @ US\$1.00 per share

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krista Ann Mills, President

Name and Title: _____

Address 511 Avenue A

Address: _____

Key West, Florida 33040

Name and Title: Darren V. Mills, Vice-President

Name and Title: _____

Address 511 Avenue A

Address: _____

Key West, Florida 33040

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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

ARTICLE VI REGISTERED AGENT

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

Name: Kristi Ann Mills
Address: 511 Avenue A
Key West, Florida 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristi Ann Mills
Address: 511 Avenue A
Key West, Florida 33040

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

Kristi A. Mills
Required Signature/Registered Agent

8-31-13
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.

Kristi A. Mills
Required Signature/Incorporator

8-31-13
Date