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(Re	(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
TALL AMASSEF, FLORID.

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COVER LETTER

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

SUBJECT:	FS WILLS BAIT (PROPOSED CORPORA	+ TACKLE O	FSouth FL INC	
-	(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 Status	
	ADDITIONAL COPY REQUIRED			
FROM:	Richard	(Printed or typed)		
	277 50	27th AUE		
	FORT LAUGE	State & Zip	333/2	
	954 - 58 Daytime T	7 3 - 730 2 elephone number		
Manager and	E-mail address: (to be used	d 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 II	Principal street address Th Av.	Mailing add	dress, if different is:
	FURT LANDER SALE FL	333/2	> C
ARTICLE III	PURPOSE		
he purpose for	which the corporation is organized is:		SEP AHAS
KE IA.	LSALES	·	発売 る 厂
•			
		•	S.E. S.E.
DØIGI D III	OTTA DIMO		1 2: 40 STAIE FLORIDA
IRTICLE IV The number of sl	nares of stock is: 500		Ž''' O
		TO TO TO THE STATE OF THE STATE	
Name and	INITIAL OFFICERS AND/OR DIF		
Address:	Richard STAM	* Address:	
	SIJO & W. 23 Rd FT LAUDRIDALE 1	5T 73312-	
Name and Address:	Title:		130 400
Addicss.			
Name and	Title:	Name and Title:	
Address:		Address:	
DTIOI E 111	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	KINARD STAIT BIBUSW 23 RDS		
Address:	FORT LAN SEL SALE	1 Fl 23.312	
	•		
	INCORPORATOR ddress of the Incorporator is:		
Name:	Richard STAIT		
Address:	PICHARD STAN 3130 SW 23 PC FORT LANDER PAL	57 42212	
	TOR! LAUDELOUS	<u> </u>	
	ned as registered agent to accept service of		
is cerujicaie, 1	am familiar with and accept the appointm	ent as registerea agent and agree to ac	t in mis cupacity
Kiel	aid ten		9-10-13
	Required Signature/Registered A	gent	Date
ubmit this doc	ument and affirm that the facts stated he	rein are true. I am aware that the fai	lse information submitted in a
	Department of State constitutes a third deg		
12.0	Vand Fla		9-10-17
	Required Signature/Incorporate		1-10.10