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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

$\pi$  12/05/13

## COVER LETTER

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

SUBJECT: The Fisherman's Wife 2, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Pam Lycett

Name (Printed or typed)

PO Box 874

Address

Carrabelle, FL 32322

City, State & Zip

850-697-3466

Daytime Telephone number

shrimpbox@aol.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: The Fisherman's Wife 2, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

3348 Mahan Drive

Tallahassee, FL 32308

Mailing address, if different is:

PO Box 874

Carrabelle, FL 32323

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: A restaurant business.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pam Lycett, President

Address: PO Box 874  
Carrabelle, FL 32323

Name and Title: James Lycett, VP

Address: PO Box 874  
Carrabelle, FL 32323

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(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: Pam Lycett  
Address: 208 West 11th Street  
Carrabelle, FL 32323

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pam Lycett  
Address: PO Box 874  
Carrabelle, FL 32323

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*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*

Pam Lycett  
Required Signature/Registered Agent

12-3-2013  
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.*

Pam Lycett  
Required Signature/Incorporator

12-3-2013  
Date