13000100465

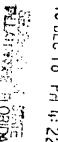
(Requestor	's Name)		
(Address)			
(Address)			
(City/State/	Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business I	Entity Name)		
(Document Number)			
Certified CopiesC	ertificates of Status		
Special Instructions to Filing O	fficer:		

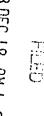
Office Use Only



000254347050

12/19/13--01002--001 **70.00





COVER LETTER

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

SUBJECT:	JFC Seafood		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CC	T REQUIRED
FROM:	Jackyn F Name	Costanzo	
		achee Pkwy Address	
_	_	, F2 3230/ State & Zip	
	850-656	•	
	Joec 70	77 @ 4chow.	
 _	E-mail address: (to be use	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)

The name of the c	orporation shall be: JFC So	eaford Inc			
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing addres	Mailing address, if different is:		
	745 Apalacher 1km Tallahgsser, FL 323				
	,		. /		
	·				
			3 DE		
ARTICLE IV The number of sh	ares of stock is:		0 18 PH 4: 22		
Name ar	nd Title: <u>Jaclyn Coyanz</u>	Prista Name and Title:			
Address	745 Apalach Tallahasser, p	er flyddress: 23201			
Name an	d Title:	Name and Title:			
Address					
Name an	nd Title:				
Address	3				

Name and T	itle;	Name and Title:		
Address		Address:		
	REGISTERED AGENT	<u></u>		
The name and Flori	da street address (P.O. Box NOT acceptable) of	fthe registered agent is:		
Name:	Jackyn F. Costanzi	>		
Address:	745 spalacher pkny	1		18 D
-	Tallahasse, F2 32301	-) =	030
			\$	8 113
ARTICLE VII I	<u>NCORPORATOR</u>		रेंचे हैं। इस्त्री के	3 55
The name and addr	ess of the Incorporator is:		ବ୍ୟ	
Name:	Joulyn Costanzo		fiğ	22
Address:	Joulyn Costanzo 745 Spalacher Pluy Tallahasser, Fr 32301	-		
	Tallahasse, Fr 32301	-		
Having been named	l as registered agent to accept service of process familiar with and accept the appointment as reg	for the above stated corporation	at the place desi	gnated in
Docly	2 F Colman	isteren ugen una ugree io uei io n	12/18/13	
	Required Signature/Registered Agent		Date	
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware that the false in	formation subm	iitted in a
document to the Dep	partment of State constitutes a third degree felon	y as provided for in s.817.155, F.S		
Jachy	Required Signature/Incorporator	-	12/18/13 Date	2
('	Tycharea organia ormostipolator			