

P/40000/5405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

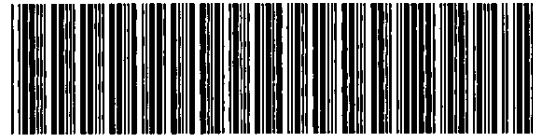
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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02/18/14--01034--002 \*\*78.75

*[Handwritten signature]*  
2-19-14

COVER LETTER

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

SUBJECT: UBUNTU COMMERCIAL FISHING, 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: Romy Capote  
Name (Printed or typed)

9860 Santos Dr.  
Address

Cutler Bay, FL, 33189  
City, State & Zip

786-564-3611  
Daytime Telephone number

ROMYCAPOTE@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)

**ARTICLE I NAME**

The name of the corporation shall be: UBUNTU COMMERCIAL FISHING, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9860 Santos Dr.  
Cutler Bay, FL, 33189

9860 Santos Dr.  
Cutler Bay, FL, 33189

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in lobster, crab  
and fish commercial fishing.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Bony Capote (President) Name and Title: \_\_\_\_\_

Address 9860 Santos Dr. Address: \_\_\_\_\_  
Cutler Bay, FL,  
33189

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

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

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

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

(cont)

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: Romy Capote  
Address: 9860 Santos Dr.  
Cutler Bay, FL 33189

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Romy Capote  
Address: 9860 Santos Dr.  
Cutler Bay, FL 33189

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
\_\_\_\_\_  
Date 02/10/2014

*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.*

\_\_\_\_\_  
Required Signature/Incorporator  
\_\_\_\_\_  
Date 02/10/2014