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(Requestor's Name)

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(City/State/Zip/Phone #)

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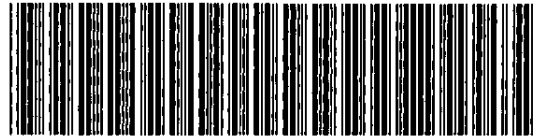
(Business Entity Name)

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COVER LETTER

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

SUBJECT: **JUMBOshrimp, 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: **Cathleen Scott & Associates, P.A.**

Name (Printed or typed)

250 South Central Blvd Suite 104-A

Address

Jupiter, Florida 33458

City, State & Zip

561-653-0008

Daytime Telephone number

cscott@csapalaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: JUMBOshrimp, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

250 South Central Blvd. Suite 104-A
Jupiter, FL 33458

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All general business purposes and the business relating to the ownership and operation of a musical band.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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DIVISION OF CORPORATIONS
14 FEB 18 PM 1:14

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cathleen Scott Thomas, President

Address: 250 S Central Blvd Ste 104-A
Jupiter, FL 33458

Name and Title: Theresa Leiser, VP

Address: 1903 Brentwood Ave
Lake Worth, FL 33460

Name and Title: John Cardillo, II Treasurer

Address: 504 Florilla Road
North Palm Beach, FL 33408

Name and Title: Rick Rothschild, Secretary

Address: 1796 Ascott Circle
North Palm Beach, FL 33408

Name and Title: _____

Address: _____

Name and Title: _____

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: Cathleen Scott & Associates, P.A.
Address: 250 South Central Blvd Suite 104-A
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

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

Name: Cathleen Scott & Associates, P.A.
Address: 250 South Central Blvd. 104-A
Jupiter, FL 33458

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 2/14/14
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.

Required Signature/Incorporator 2/14/14
Date