

P140000020506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

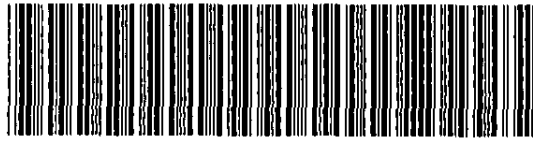
(Document Number)

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14 MAR - 6 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14 MAR - 7 AM 2:48
RECEIVED
DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: Farmers Seafood, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tomika Farmer
Name (Printed or typed)

4625 Prairie Point Blvd.
Address

Kissimmee, FL 34746
City, State & Zip

850-284-8504
Daytime Telephone number

tfarmer1978@hotmail.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: Farmers seafood, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5151 South ~~St~~ Orange Blossom Trail
unit (1)
Orlando FL 32839

Mailing address, if different is:
462 Prairie Point
Blvd
Kissimmee FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell seafood Retail

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomeka Farmer - Pres. Name and Title: _____
Address: 4625 Prairie Point Blvd Address: _____
Kissimmee, FL 34746

Name and Title: Sherry Farmer V. Pres Name and Title: _____
Address: 1437 Woodville Hwy Address: _____
Crawfordville, FL 32327

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

SECRETARY OF STATE
FLORIDA

14 MAR - 6 PM 2:49

APPROVED
AND
FILED

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: Tomeka Farmer
 Address: 4625 Prairie Point Blvd
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tomeka Farmer
 Address: 4625 Prairie Point Blvd
Kissimmee, FL 34746

APPROVED AND FILED
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 STATE OF FLORIDA

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

Tomeka Farmer

Required Signature/Registered Agent

3-6-2014

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.

Tomeka Farmer

Required Signature/Incorporator

3-6-2014

Date