Pluwod 34 aco

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200258164202

04/14/14--01039--010 **87.50

DIVISION OF \$28PORATION



COVER LETTER

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

SUBJECT: DeMai	uro Seafood, TNC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d 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 o Status PY REQUIRED
FROM: Nic	holas DeMauro	o (Brintad on town 1)	
171	95 King Fish Lane West	e (Printed or typed)	
<u>.,,</u>		Address	
Sug	garloaf Key, FL 33042 City,	State & Zip	
305	-878-7224		
	Daytime i	elephone number	
<u>den</u>	nauron@yahoo.com E-mail address: (to be use	ed for future annual report r	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 NA The name of the corpo	pration shall be: DeMauro Seafood	Drc.	DISTINUT OF GRREORATIONS
	RINCIPAL OFFICE Principal street address		Mailing address, littlifteen bis: 39
17195 King Fish	Lane West		
Sugarloaf Key, F	L 33042		
The purpose for which	TRPOSE th the corporation is organized is:		
isherman. Proce	ess, then retail the seafood direct	tly to consume	rs, wholesalers,
and/or resturaun	its.		
·			
ARTICLE V IN	of stock is:1,000,000 ITTIAL OFFICERS AND/OR DIRECTO tle:Nicholas DeMauro		Hunter Royle
	17195 King Fish Lane West		e:Hunter Boyle 29159 Violet Drive
Address		Address:	
	Sugarloaf Key, FL 33042		Big Pine Key, FL 33043
Name and Tit	le:	Name and Title	e:
Address		Address:	
Name and Titl	le:	Name and Title	e:
Address		Address:	
		_	

Name and	1 Title:	Name and Title:
Address		Address:
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Judy Boyle	_
Address:	29159 Violet Drive	_
	Big Pine Key, FL 33043	_
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Nicholas DeMauro	_
Address:	17195 King Fish Lane West	_
	Sugarloaf Key, FL 33042	-
	ned as registered agent to accept service of proces am familiar with and ascept the appointment as re	es for the above stated corporation at he place designated in Egistered agent and agree to act in this capacity
Je	dy Dagle	4/8/14
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
1/1/	01	u lalu
	Required Signature/Incorporator	Date