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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Name	9)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT:	APTAIN MORGAN)'S FISHING TENAME-MUSTINGLI	Adventures.	NC.		
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 CO	PY REQUIRED			
FROM: BRIAN MO (9AN) Name (Printed or typed)						
10709 DA I ton Ave						
TAMPA FL. 33415 City, State & Zip						
(813) 892 - 4274 Daytime Telephone number						
E-mail address: (to be used for future annual report notification)						

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



April 3, 2014

BRIAN MORGAN 10709 DALTON AVE TAMPA, FL 33615

SUBJECT: CAPTAIN MORGAN FISHING ADVENTURES, INC.

Ref. Number: W14000021359

We have received your document for CAPTAIN MORGAN FISHING ADVENTURES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 514A00007187

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	shall be: CAPTAIN N	nidana Figuration	TO VENTULI ES INC
	PAL OFFICE acipal <u>street</u> address	Mailing address, i	if different is:
10709 DAI	top Ave	SAME AS	DRINCIPLE
	,		
TAMPA FL	32613		· · · · · · · · · · · · · · · · · · ·
ARTICLE III PURPOS	orporation is organized is:	tale our langer	
FIShin	g Charters		
	· · · · · · · · · · · · · · · · · · ·		1 100
			P \$36
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		2 A**) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19 3
Name and Title	BRIAN NOTGAN	RS TESIDEN+ Name and Title:	
	10709 PATED AVE		
Address		Address:	
	TAMPA, FL 33415		
Name and Wishes		Name and Tibles	
,,			The state of the s
Address			
Name and Title		Name and Title:	
			of State T-Strategic State (1977)
Address		Address:	
			······································

(conti.)

Name and T	itle:	Name and Title:
Address		Address:
- 4		
ARTICLE VI R	EGISTERED AGENT da street address (P.O. Box NOT acceptable) of	the nevietaned ocent is:
		the registered agent is.
Name:	BRIAN WIGAN	
Address:	10709 PATTON AVE	
_	TAMPA, FL 33615	
	a PAA III DAA II A MAA II	
ARTICLE VII I	NCORPORATOR .	
The name and addr	ess of the Incorporator is:	
Name:	BRIAN MORGAN	
Address:	10709 DALLOW AM	
	TAMPA FL 33615	-
Having been named this certificate, Lam	t as registered agent to accept service of process familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
-//	Tim M/ lisen	5/1/2014
	Required Signature/Registered Agent	Date
	ent and affirm that the facts stated herein are to p <u>artine</u> nt of State constitutes to third degree felony	true. I am aware that the false information submitted in a vas provided for in s.817.155, F.S.
	Required Signature Incorporator	5/7/2014
	Required Signature/Incorporator	Date
	/	

5/7/2014

I Brian Morgan understand the responsibilities and rules as a registered agent for this corporation and take full responsibility in doing so.

Brian Morgan

1 Juan May 5/1/2014