

P/4000062130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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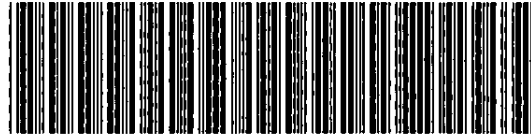
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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κ 07/24/14

COVER LETTER

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

SUBJECT: Wild-Caught International, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jim D. Pruitt
Name (Printed or typed)

P.O. Box 1010
Address

High Springs, FL 32655
City, State & Zip

(305) 710-3720
Daytime Telephone number

jimdpruitt@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: Wild-Caught International, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8310 NE County Road 340

P.O. Box 1010

High Springs, FL 32643

High Springs, FL 32655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For-profit. Importation of fresh seafood.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Common Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jim D. Pruitt, President Name and Title: _____

Address P.O. Box 1010 Address: _____

High Springs, FL 32655

Name and Title: Juan Carlos Petersen

~~Name and Title:~~ Treasurer

Address Casilla 503 Address: _____

Puerto Varas, Chile

Name and Title: Jim D. Pruitt, Secretary Name and Title: _____

Address P.O. Box 1010 Address: _____

High Springs, FL 32655

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jim D. Pruitt
Address: 8310 NE County Road 340
High Springs, FL 32643

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jim D. Pruitt
Address: P.O. Box 1010
High Springs, FL 32655

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

Jim D. Pruitt 7/17/14
Required Signature/Registered Agent 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.

Jim D. Pruitt 7/17/14
Required Signature/Incorporator Date