

P/5000010367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

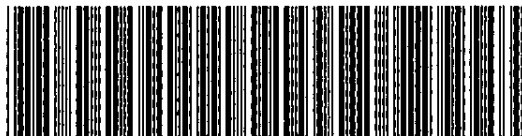
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 JAN 26 PM 3:30

02/02/15

Department of State  
Division of Corporations  
Tallahassee, FL

01/20/2015

Ref: Document number P12000043209

Dear Sir/Madam

The present letter is to let you know that I will not file a reinstatement for FRIGATE FISHING & APPAREL INC with above mentioned document number.

Please release name to use on a new articles on the attached documents

Thanks for your help and support on this matter; feel free to contact me as soon as possible in case necessary.

Sincerely yours



Melissa Grase  
President

## COVER LETTER

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

SUBJECT: **FRIGATE FISHING & APPAREL 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: **LUIS JACOBO**  
Name (Printed or typed)  
**6220 W 21 COURT**  
Address  
**HIALEAH, FL 33016**  
City, State & Zip  
**305-556-0044**  
Daytime Telephone number  
**INFO@JACOBOTAX.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:

**FRIGATE FISHING & APPAREL INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**507 OLDSMAR LANE**

**KEY LARGO, FL 33037**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY LAWFUL BUSINESS**

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**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **MELISSA CRASE, PRESIDENT**

Name and Title: **ANDREW CRASE, VICE PRESIDENT**

Address **507 OLDSMAR LANE**

Address: **507 OLDSMAR LANE**

**KEY LARGO, FL 33037**

**KEY LARGO, FL 33037**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: LUIS JACOBO

Address: 6220 W 21 CT

HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

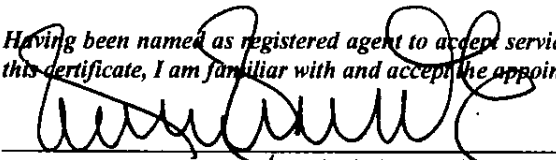
Name: MELISSA CRASE

Address: 507 OLDSMAR LANE

KEY LARGO, FL 33037

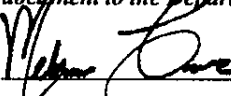
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/20/2015  
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

01/20/2015  
Date