

PK 000035529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

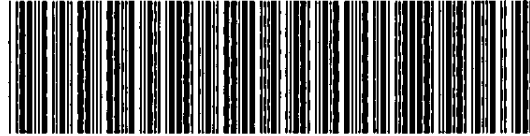
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/15--01002--007 **70.00

FILED
15 APR 20 PM 11:28
STATE OF FLORIDA
TALLAHASSEE

WIS-22443



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 APR 20 PM 12:40

March 31, 2015

MARK NAUMOVITZ
2199 SW GRAY BEAL AVE
PORT ST LUCIE, FL 34953

SUBJECT: REELS & TACKLE, INC
Ref. Number: W15000022443

We have received your document for REELS & TACKLE, 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 915A00006424

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Reels & Tackle, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

2199 SW Gray Beal Ave

Port St Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Provide fishing tackle and other related fishing products for retail sales.

ARTICLE IV SHARES

The number of shares of stock is: _____

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Naumovitz, Owner

Name and Title: _____

Address 2199 SW Gray Beal Ave

Address: _____

Port St Lucie, FL 34953

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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:

Mark Naumovitz

Name: _____

2199 SW Gray Beal Ave

Address: _____

Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Naumovitz

Name: _____

2199 SW Gray Beal Ave

Address: _____

Port St Lucie, FL 34953

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

03/19/15

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

03/19/15

Date

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