

P 15000037568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

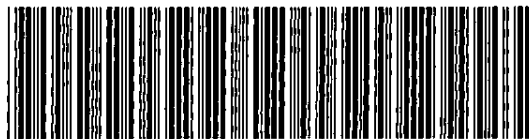
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/15--01007--004 **78.75

RECEIVED
15 APR 28 AM 9:19
DIVISION OF CORPORATIONS

15 APR 28 AM 9:30
DIVISION OF CORPORATIONS
FILED

APPROVED
AND
FILED

15
4/28/15

COVER LETTER

15 APR 28 AM 9:30

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Perkins SeaFood 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
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 COPY REQUIRED

FROM: Clifford Perkins
Name (Printed or typed)

S353 Betty ANN LAM
Address

JAX, FL, 32207
City, State & Zip

904-343-6114
Daytime Telephone number

Perkins.SeaFood1@GMAIL.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Perkins SeaFood INC.

15 APR 28 AM 9:30

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1277 Backyard RD
Midway, FL 32343

5353 Betty Ann Ln
Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any AND All Lawful
Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO (Clifford Perkins) Name and Title: _____

Address: 5350 Betty Ann Lane Address: _____
Jacksonville, FL 32207

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

7-115 (cont.)

15 APR 28 AM 9:30

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:

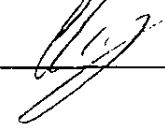
Name: Clifford Perkins
Address: 5353 Betty Ann
Lane Jacksonville
FL 32207

ARTICLE VII INCORPORATOR

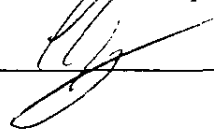
The name and address of the Incorporator is:

Name: Clifford Perkins
Address: 5353 Betty Ann
Lane Jacksonville
FL 32207

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

	<u>4/28/15</u>
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.

	<u>4/28/15</u>
Required Signature/Incorporator	Date