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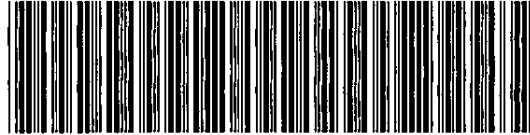
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015

W PAINTER

COVER LETTER

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

SUBJECT: TAUSHA'S SEAFOOD WHOLESALE, 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: ROGER W. HALVERSON

Name (Printed or typed)

1002 SE MONTEREY COMMONS BLVD, SUITE 102

Address

STUART, FL 34996

City, State & Zip

772-283-3535

Daytime Telephone number

HALVRCPA@BELLSOUTH.NET

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: TAUSHA'S SEAFOOD WHOLESALE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4533 SE DIXIE HIGHWAY
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTIN F HOUCK, PRESIDENT

Address: 7650 SW PARKWAY DR
STUART, FL 34997

Name and Title: TAUSHA M HOUCK, SEC/TREAS

Address: 7650 SW PARKWAY DDR
STUART, FL 34997

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE OF FLORIDA
CLERK OF SUPERIOR COURT
JUL-8 PM 11:27

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: MARTIN HOUCK _____

Address: 7650 SW PARKWAY DR _____

STUART, FL 34997 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROGER W. HALVERSON _____

Address: 1002 SE MONTEREY COMMONS BLVD, _____

STUART, FL 34996 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

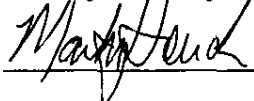
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/9/15

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

7/8/15

Date