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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Barracudas 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: Kasey M McKane
Name (Printed or typed)

PO Box 565
Address

Okeechobee, FL 34973
City, State & Zip

(863)528-3158
Daytime Telephone number

kaseymckane@hotmail.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: Barracudas Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

10017 HWY 441 N

Okeechobee, FL 34972

Mailing address, if different is:

PO Box 565

Okeechobee, FL 34973

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a full service restaurant.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kasey McKane (President)

Address: PO Box 565, Okeechobee, FL 34973

Name and Title: Margaret Ruede-McKane (Secretary)

Address: 3116 SE 36th Ave, Okeechobee, FL 34974

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Kasey McKane

Address: 7320 NW 240th St

Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

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

Name: Kasey McKane

Address: PO Box 565

Okeechobee, FL 34973

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

Kasey McKane

Required Signature/Registered Agent

7/2/2015

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.

Kasey McKane

Required Signature/Incorporator

7/2/2015

Date

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