

P15000060209

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

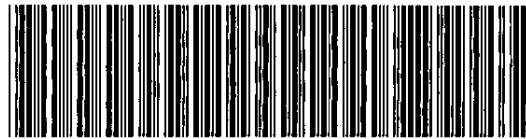
Certified Copies _____ Certificates of Status _____

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JUL 21 2015

T. SCOTT



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15 JUL 13 AM 9:11

COVER LETTER

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

SUBJECT: Fish Stoners, 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: Robert Knighton

Name (Printed or typed)

3930 Oleander Way

Address

St Pete Beach, FL 33706

City, State & Zip

813-313-9910

Daytime Telephone number

knighon.robert@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)

ARTICLE I NAME

The name of the corporation shall be: Fish Stoners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3930 Oleander Way

St Pete Beach, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercial fishing.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Knighton, President

Name and Title: Skyler Estes, Vice President

Address 3930 Oleander Way

Address: 3930 Oleander Way

St Pete Beach, FL 33706

St Pete Beach, FL 33706

Name and Title: Deborah Knighton, Treasurer

Name and Title:

Address 3930 Oleander Way

Address:

St Pete Beach, FL 33706

Name and Title:

Name and Title:

Address

Address:

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: Robert Knighton _____

Address: 3930 Oleander Way _____

St Pete Beach, FL 33706 _____

ARTICLE VII INCORPORATOR

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

Name: Robert Knighton _____

Address: 3930 Oleander Way _____

St Pete Beach, FL 33706 _____

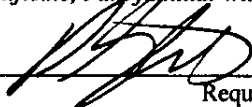
ARTICLE VIII EFFECTIVE DATE:

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

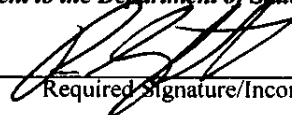


Required Signature/Registered Agent

7-8-15

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