

P15 000070467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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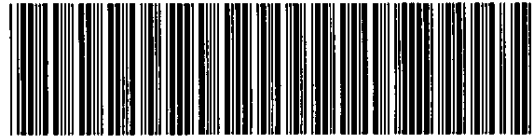
(Business Entity Name)

(Document Number)

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08/06/15--01001--020 **78.75

FILED
2015 AUG 26 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL 32310

1565500005124
2/28/15

2/28/15

COVER LETTER

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

SUBJECT: BLUE OCEAN 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: MARK J BARRETT

Name (Printed or typed)

4911 LYONS TECHNOLOGY PARKWAY #9

Address

COCONUT CREEK, FL 33073

City, State & Zip

754-212-4892

Daytime Telephone number

mark@blueoceanseafood.us

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2015

MARK BARRETT
4911 LYONS TECHNOLOGY PARKWAY #9
COCONUT CREEK, FL 33073

SUBJECT: BLUE OCEAN SEAFOOD INC.
Ref. Number: W15000053951

We have received your document for BLUE OCEAN SEAFOOD INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 615A00016904

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

ARTICLE I NAME MIAMI SEAFOOD WHOLESALERS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

4911 Lyons Technology Pkwy #9

Coconut Creek, FL 33073

ARTICLE III PURPOSE

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

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SECRETARY OF STATE
ALLAHBASTI, N. N. D.

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK J BARRETT/PARTNER

Address: 4911 Lyons Technology Pkwy #9
Coconut Creek, FL 33073

Name and Title: ANDREW PARDO/PARTNER

Address: 4911 Lyons Technology Pkwy #9
Coconut Creek, FL 33073

Name and Title: JAVIER G MUCINO/PARTNER

Address: 4911 Lyons Technology Pkwy #9
Coconut Creek, FL 33073

Name and Title: _____

Address: _____

Name and Title: _____

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: Mark J Barrett
Address: 4911 Lyons Technology Pkwy #9
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark J Barrett
Address: 4911 Lyons Technology Pkwy #9
Coconut Creek, FL 33073

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
8/4/15
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
8/4/15
Date