## P15000072184

(Re	equestor's Name)	
. (Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	nlv



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SECRETARY OF STATE

SEP 2

## **COVER LETTER**

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

SUBJECT:	SHA'S SEAFOOD, INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	ROGER W. HALVERSON  Name  002 SE MONTEREY COMMONS BL	e (Printed or typed) LVD, SUITE 102	
		Address	
S	TUART, FL 34996		
_	City,	State & Zip	
7	72-283-3535		
_	Daytime T	elephone number	
Н	ALVRCPA@BELLSOUTH.NET		
	F-mail address: (to be use	d for future annual report r	otification)

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)

The name of the corporat	ion shall be: TAUSHA'S SEAFOOD, IN	NC 		
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
STUART, FL 3499	· · · · · · · · · · · · · · · · · · ·			
		<del>~ .</del>		
ARTICLE III PURPO The purpose for which the	OSE ANY LA	AWFUL BUSINESS		
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			φ <u>ε</u> . 1 <b>0</b>	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAM
·			8 7 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i i
ARTICLE IV SHARE	<b>∑S</b> 1000		# 3: 50 F STATE FLORIDA	
The number of shares of shares of shares	L OFFICERS AND/OR DIRECTORS		MARTIN HOUCK, SEC/TREAS	
Name and Title	TAUSHA HOUCK, PRESIDEN	Name and Title	7650 SW PARKWAY DR	
Address	7650 SW PARKWAY DR	Address:		
	STUART, FL 34997		STUART, FL 34997	
Name and Title:		Name and Title	:	_
Address		Address:		
Name and Title:		Name and Title	<u> </u>	
Address		Address:		. <u>-</u>

Name ar	nd Title:	Name and Title:	_
Address	S	Address:	_
			_
		· · · · · · · · · · · · · · · · · · ·	_
	REGISTERED AGENT	The resistand properties	
	<u>Torida street address</u> (P.O. Box NOT acceptable) of TAUSHA HOUCK	the registered agent is.	
Name:	7650 SW PARKWAY DR		
Address:	STUART, FL 34997	TALCO A CA	
ADDICLE VIII	INCORPOR (TOP	AUG 28 CRETARY LAHASS	
	INCORPORATOR	RESTATE SEE. FLORIDA	gra <b>q</b>
The <u>name and a</u>	ddress of the Incorporator is:	ان ري المانين با 130 ميل <sup>انات</sup>	ज्यासे १ वै
Name:	ROGER W. HALVERSON	3: <b>5</b> 0 STATE LORID	Name of Street, or other Persons
Address:	1002 SE MONTEREY COMMONS BLVD,	D.F. O	
	STUART, FL 34996	_	
ADTICLE WILL	EFFECTIVE DATE.		
Effective date, i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
(If an effective days after the f	date is listed, the date must be specific and canno	t be more than five business days prior or 90 business	S
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed	as
	·		
Having been na this certificate. I	imed as registered agent to accept service of process I am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity	d in
	sha Houd	8/21/15	
1000	Required Signature/Registered Agent	Date	_
I submit this do		true. I am aware that the false information submitted i	in a
document to the	Department of State constitutes a third degree felon	ny as provided for in s.817.155, F.S.	
	van D. Holussen	7/8/15	
Req	uired Signature/Incorporator	Date	_