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(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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12/07/15--01021--015 **70.00

SECRETARY OF STATE
HVISION OF CORPORATIONS
15 OFC -7 AMIL: 11.

EFFECTIVE DATE 11/30/15

x 12/14/15

COVER LETTER

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

SUBJECT:	ırma F	ishing Company	TE NAME MUCH PAGE	- 115 V. A17 MILES	
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are ar	origi	inal and one (1) copy of the art	icles of incorporation and	d a check for:	1
■ \$70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
					5 33
FROM	Ryai	n Reeves	(Delan I		- 7
	6618	Jessica Ct	e (Printed or typed)		AMII: III
		1	Address		<u> </u>
	Lake	Worth, FL 33467			
		City,	State & Zip		
	561-	722-3202			
		Daytime T	elephone number		
	melis	sa@soundandlightllc.com		v ,	
		E-mail address: (to be used	d for future annual report r	notification)	

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

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

ARTICLE I The name of the o	NAME Corporation shall be: Karma Fishing Comp	any		
	PRINCIPAL OFFICE Principal street address	Mail	Mailing address, if different is:	
Lake Worth FL	33467			
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:	nufacture fishing lures and appa	arel	
			5 5 5	SEORE IA
			7 A H 	COSPORATIONS
	SHARES ares of stock is: INITIAL OFFICERS AND/OR DIRECTOR	ORS		HS.
Name ar		Name and Title:	lissa Reeves Secretary	
Address	6618 Jessica Ct Lake Worth FL 33467	Address:	8 Jessica Ct ce Worth FL 33467	
Name and	d Title:	Name and Title:		·
Address				
				
Name and	d Title:	Name and Title:		
Address	-	Address:		
				

Name a	and Title:	Name and Title:	
Addre	ss	Address:	**************************************
	***************************************		\$ 10 to 10 t
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acce	ntable) of the registered agent is:	
Name:	Melissa Reeves	puloto, or the region of allowing.	
Address:	6618 Jessica Ct	mercen may and a fundament	e e e e e e e e e e e e e e e e e e e
	Lake Worth FL 33467		하
ARTICLE VII	INCORPORATOR		- F
The name and	address of the Incorporator is:		三 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图
Name:	Melissa Reeves		EO OF STATE AM II: 14
Address:	6618 Jessica Ct		- 10 Kg
	Lake Worth FL 33467		
Effective date, (If an effective days after the	date is listed, the date must be specific an filing.)		ess d a ys prior or 90 business
	te inserted in this block does not meet the ap effective date on the Department of State's i		s, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	f process for the above stated corporate as registered agent and agree to a	ration at the place designated in act in this capacity
Melno	realon		11/30/15
	Required Signature/Registered Ag	gent	Date
	ocument and affirm that the facts stated he e Department of State constitutes a third deg		
$M \cap M$	in DOLA		11/30/15
Req	uired Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date