

PL6000028661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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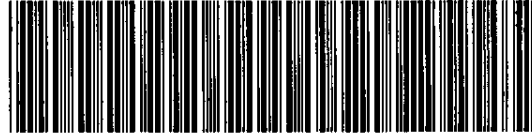
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 30 PM 12:30

MAR 31 2016

SCOTT

COVER LETTER

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

SUBJECT: _____ TONY WHITTY'S 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 ☐ \$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: _____ TONY WHITTY
Name (Printed or typed)
314 ELE AVE
Address
PALATKA, FL 32177
City, State & Zip
386-227-1379
Daytime Telephone number
WHITTYT92@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: TONY WHITTY'S SEAFOOD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

TONY D. WHITTY

314 ELM AVE

PALATKA, FL 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL SEAFOOD.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TONY D WHITTY / PRESIDENT

Name and Title: _____

Address 314 ELM AVE

Address: _____

PALATKA, FL 32177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATIONS
16 MAR 30 PM 12:30

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: TONY D WHITTY _____

Address: 314 ELM AVE _____

PALATKA, FL 32177 _____

ARTICLE VII INCORPORATOR

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

Name: TONY D WHITTY _____

Address: 314 ELM AVE _____

PALATKA, FL 32177 _____

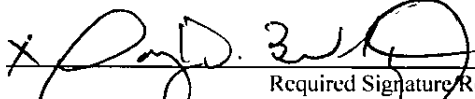
ARTICLE VIII EFFECTIVE DATE:

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.)

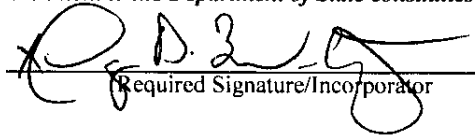
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X  _____
Required Signature/Registered Agent

3/24/16
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.

X  _____
Required Signature/Incorporator

3/24/16
Date