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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan

JUN 16 2016

## COVER LETTER

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

SUBJECT: Tuckers Bait Shrimping LLC  
(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: James D. Tucker  
Name (Printed or typed)

9353 Labelle St  
Address

New Port Richey FL 34654-4521  
City, State & Zip

(727) 359-4764  
Daytime Telephone number

James Tucker@gmail.com  
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

June 7, 2016

JAMES D. TUCKER  
9353 LABELLE STREET  
NEW PORT RICHEY, FL 34654-4521

SUBJECT: TUCKERS BAIT SHRIMPING  
Ref. Number: W16000038376

We have received your document for TUCKERS BAIT SHRIMPING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 316A00011071

RECEIVED

16 JUN 15 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Tuckers Bait Shrimping INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9353 Labelle St.

New Port Richey Fl 34654

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to catch bait shrimp and  
transport to bait Shop.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James D Tucker

Name and Title: Samantha J. Killock

Address: owner - operator  
9353 Labelle St  
New Port Richey Fl  
34654

Address: Registered Agent  
9353 Labelle St.  
New Port Richey Fl 3465

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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: Samantha J. Killock  
Address: 9353 Labelle St  
New Port Richey FL 34654

**ARTICLE VII INCORPORATOR**

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

Name: James D. Tucker  
Address: 9353 Labelle St.  
New Port Richey FL 34654

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TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5-11-2016 (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*

Samantha Killock 5/16/16  
Required Signature/Registered Agent 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.*

James D. Tucker 5/16/16  
Required Signature/Incorporator Date