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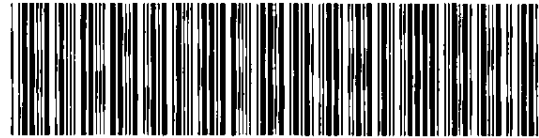
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## COVER LETTER

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

**SUBJECT:** PORT TAMPA CITY INTERNATIONAL, INCORPORATED  
(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:** Norman S. Cannella, Sr.  
Name (Printed or typed)  
109 North Brush Street, Suite 500  
Address  
Tampa, Florida 33602  
City, State & Zip  
813-229-7007  
Daytime Telephone number  
ncannella@rywantalvarez.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: Port Tampa City International, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6932 South Westshore Boulevard

Mailing address, if different is:

Tampa, Florida 33616

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Acquisition of fruit and fish for importation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: William L. Coiner - Sole Director

Name and Title:

Address 6932 South Westshore Boulevard

Address:

Tampa, Florida 33616

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: 1700 12th St  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Norman S. Cannella, Sr.  
Address: 109 North Brush Street, Suite 500  
Tampa, Florida 33602

**ARTICLE VII INCORPORATOR**

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

Name: William L. Coiner  
Address: 6932 South Westshore Boulevard  
Tampa, FLorida 33616

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 5, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Norman S. Cannella 4/10/17  
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.*

William L. Coiner 4/10/17  
Required Signature/Incorporator Date