

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000104943 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co	rporations		
	Fax Number	: (850)617-6381	 	8 <i>ch</i> 2
From:			172 FT 1 154 TT	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		<b></b>
	Account Number			
	Phone	: (305)552-5973	TS	33
	Fax Number	; (305)220-1440	<u> </u>	
				ê
		s for this business entity to be used for future ngs. Enter only one email address please.**	IAIC ORIOA	94

Email Address:\_

p:1 1:31

بر المراجع المراجع FLORIDA PROFIT/NON PROFIT CORPORATION B & M FISHERIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

- - - - - -

Help

'APR	1	ø	201
A D D	1	n	-780
ALL	1	~	

T. SCOTT

04/17/2017 15:28 3052201440

.

LAZARUS

VAL LI AN 8: 46

#17000104943

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

B & M FISHERIES, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10868 7th STREET GULF

MARATHON, FLORIDA 33050

ARTICLE III SHARES: The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE IV	INITIAL	DIRECTORS AND/OR OFFICERS:
MAITE	LOPEZ	DIRECTOR
MAITE	LOPEZ	PRESIDENT
MAITE	LOPEZ	SECRETARY
MAITE	LOPEZ	TREASURER



The name and Florida street address (PO Box not acceptable) of the registered agent is:

	MAITE LOPEZ				
	10868 7th STREET GULF				
<b></b> , <del>,</del>	MARATHON, FLORIDA 33050				
	۰. ۲				
RTICLE VI	_ INCORPORATOR: The name and address of the Incorporator is:				
	MAITE LOPEZ				
	10868 7th STREET GULF				
	MARATHON, FLORIDA 33050				

H17000104943

LAZARUS

04/17/2017 15:28 3052201440

H17060204943

## Required Signatures:

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

APRIL 15, 2017 Date Registered Agent

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.

APRIL 15, 2017 Date Incorporator