

**P17000080795**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**131275**

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(((H17000265755 3)))



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Division of Corporations  
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FLORIDA DEPARTMENT OF  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LANCE SCOGGIN CRAB COMPANY, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**D O'KEEFE**

OCT 10 2017

## COVER LETTER

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

**SUBJECT:** LANCE SCOGGIN CRAB COMPANY, 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  
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:** LANCE SCOGGIN CRAB COMPANY, INC  
Name (Printed or typed)

6762 WOLF RUN LANE  
Address

NORTH FORT MYERS, FL 33917  
City, State & Zip

239-362-4583  
Daytime Telephone number

mrsscogg711@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: LANCE SCOGGIN CRAB COMPANY, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6762 WOLF RUN LANE

NORTH FORT MYERS, FL 33917

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: LANCE SCOGGIN Name and Title: PRESIDENT

Address: 6762 WOLF RUN LN Address: \_\_\_\_\_  
NORTH FORT MYERS, FL 33917

Name and Title: AIDA A SCOGGIN Name and Title: VICE PRESIDENT

Address: 6762 WOLF RUN LN Address: \_\_\_\_\_  
NORTH FORT MYERS, FL 33917

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: JOHN L ABITANTE CPA  
Address: 12555 ORANGE DR. SUITE 4088  
DAVIE, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN L ABITANTE CPA  
Address: 12555 ORANGE DR. SUITE 4088  
DAVIE, FL 33330

**ARTICLE VIII EFFECTIVE DATE:**

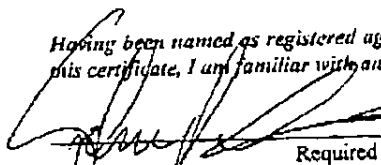
Effective date, if other than the date of filing: 10/09/2017

(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.)

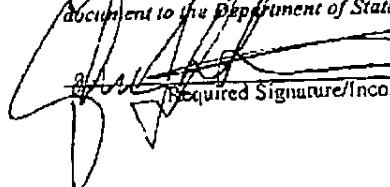
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/10/17  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

10/10/17  
Date