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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
AL'B FISHING LIVE BAIT CHARTER, INC.**

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

N. SAMS

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALB FISHING LIVE BOAT CHARTER, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2391 N.W. 44TH TERR, MIAMI FL 33125ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: THE AMOUNT OF CAPITAL STOCK AUTHORIZED SHALL CONSIST OF 25000 SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.00 PER SHAREARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ALAN MEDINA PRES./SEC. Name and Title: _____Address: 2391 N.W. 44TH TERRACE Address: _____MIAMI FL 33125

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

Name: ALAIN MEDINA
Address: 2391 NW 4TH TERRACE
MIAMI-FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALAIN MEDINA
Address: 2391 NW 4TH TERRACE
MIAMI-FL 33125

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 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.

Alain Medina
Required Signature/Registered Agent

2-8-18
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.

Alain Medina
Required Signature/Incorporator

2-8-18
Date