

P19000094788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

WA 16875



300338407343

12/26/19--01005--008 **35.00

12/30/19--01004--014 **35.00

FILED
TALLAHASSEE, FLORIDA

2019 DEC 30 AM 10:07

2019 DEC 26 AM 9:23

DEC 30 2019

K. Brumbley

COVER LETTER

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

SUBJECT:

CdC Aquatic Farms, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE S

(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:

Cecil Barbee

Name (Printed or typed)

6777 Bob Miller Rd

Address

Crawfordville, Fl 32307

City, State & Zip

850-273-1184

Daytime Telephone number

Daytime telephone number: _____
 E-mail address: Cocatfishfarm@yahoo.com
 (If e-mail address is not confirmed, please print notification)

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:

C&C Aquatic Farms, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6077 Bob Miller Rd
Crawfordville, FL 32327

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any & all lawful
business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title:

Cecil Barbee

Name and Title:

Address

6077 Bob Miller Rd
Crawfordville, FL 32327

Address:

Name and Title:

Cheryl Barbee VP

Name and Title:

Address

6077 Bob Miller Rd
Crawfordville, FL 32327

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2019 DEC 30 AM 10:07
CLERK OF COURT
JACKSONVILLE, FL

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:

Cecil Barbee

Address:

677 Bob Miller Rd

Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Cecil Barbee

Address:

677 Bob Miller Rd

Crawfordville, FL 32327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/20 (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

[Signature]

Required Signature/Registered Agent

12-30-19

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.

[Signature]

Required Signature/Incorporator

12-30-19

Date