

P2000058765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

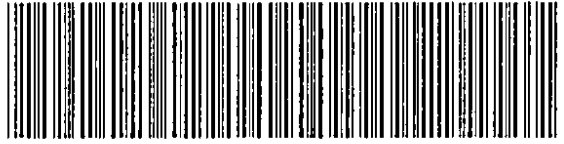
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/20--01012--015 **78.75

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2020 JUL 31 PM 2:11
2020 AUG -4 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Crab Shack on Cottee River, 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: Roland D. Waller, Esq / TK
Name (Printed or typed)

5332 Main St.
Address

New Port Richey, FL 34652
City, State & Zip

727-847-2288
Daytime Telephone number

Tyler.Keena@rdwaller.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CRAB SHACK ON THE COTTE RIVER INC

Signature _____

Requested by: SETH

08/04/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ ☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2020

CAPITAL CONNECTION, INC

SUBJECT: CRAB SHACK ON THE COTTEE RIVER, INC.
Ref. Number: W20000083055

We have received your document for CRAB SHACK ON THE COTTEE RIVER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify filing type. The Articles are for a Non Profit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 620A00014429

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2020 AUG -4 PM 1:38
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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: Crab Shack on the Cottee River, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5430 Baylea Ave
New Port Richey, FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabe Foss, Sec. Name and Title: _____

Address 5430 Baylea Ave Address: _____
New Port Richey, FL
34668

Name and Title: John J. Gavers, VP Name and Title: _____

Address 9235 Jasmine Blvd Address: _____
New Port Richey, FL
34654

Name and Title: Daniel B. Gavers, ^{President} Pres. Name and Title: _____

Address 9235 Jasmine Blvd Address: _____
New Port Richey, FL
34654

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG -4 PM 2:57

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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: Daniel R. Gavers

Address: 5430 Baylea Ave
New Port Richey, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel R. Gavers

Address: 5430 Baylea Ave
New Port Richey, FL 34668

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TALLAHASSEE, FL

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

Daniel R. Gavers

Required Signature/Registered Agent

8/4/20

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.

Daniel R. Gavers

Required Signature/Incorporator

8/4/20

Date