P21000017696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CAPITAL CONNECTION, INC.

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

CRABS IN A BUCKET INC

_____ 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_____

Signature

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

17- Pender's Printing - Thomasville GA 8/00

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: CRABSIN A BUCKET INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3873 NW 164 ST
MIAMI GARDENS FL. 33054

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: For the hospitality industry in providing food service and all services associated for food service with respect to the industry and services rendered therein. Any and all legal business associated with providing services with food and all associated.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allan Orient (V.P.)
Address: 1401 N.W. 192 Ter
MIAMI GARDENS, FL 33169

Name and Title:
Address:

Name and Title: Anayis Orient (D.)
Address: 3873 N.W. 164 ST
MIAMI GARDENS, FL 33054

Name and Title:
Address:

Name and Title: FRANCINE MARIA PIGATI (P) C.E.O.
Address: 3873 N.W. 164 ST
MIAMI GARDENS, FL 33054

Name and Title:
Address:

2021 FEB 25 PM 12:51

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: FRANCINE RAMONA PIGATT

Address: 3873 N.W. 164 ST

MIAMI GARDENS, FL 33054

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FRANCINE RAMONA PIGATT

Address: P.O. BOX 693353

MIAMI, FL 33269

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

x _____ 2/18/2021

Required Signature/Registered Agent 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.

x _____ 2/18/2021

Required Signature/Incorporator Date