

12/8/21 3:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SEAFOOD OF FLORIDA INC**

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

Electronic Filing Menu

Corporate Filing Menu

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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: SEAFOOD OF FLORIDA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5417 SW 134 PL  
MIAMI, FL 33175

5417 SW 134 PL  
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HARRY CARRASQUILLO - P Name and Title:

Address 5417 SW 134 PL Address:  
MIAMI, FL 33175

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2021 DEC -8 PM 4:05  
STATE OF FLORIDA  
TALLAHASSEE, 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: HARRY CARRASQUILLO  
Address: 5417 SW 134 PL  
MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: HARRY CARRASQUILLO  
Address: 5417 SW 134 PL  
MIAMI, FL 33175

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2022 (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*

/s/ Harry Carrasquillo 12/3/2021  
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.*

/s/ Harry Carrasquillo 12/3/2021  
Required Signature/Incorporator Date

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SECRETARY OF STATE  
TALLAHASSEE, FL