

P21000103652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

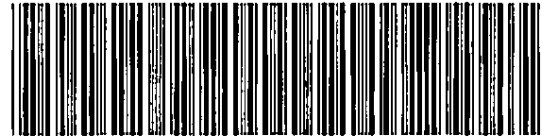
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Hewitt's Fresh Fish Corporation
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alfred J. Hewitt
Name (Printed or typed)

474 S.W. Belmont Cir
Address

Port St. Lucie FL 34953
City, State & Zip

772-475-2262
Daytime Telephone number

HewittsFreshFish@gmail.com
E-mail address: (to be used for future annual report notification)

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

SECRET
TALLAHASSEE, FL

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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: Hewitt's Fresh Fish Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

474 S.W. Belmont Cir
Port St. Lucie Fl. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale fish
to the market in St. Lucie
County and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alfred J. Hewitt/President Name and Title: Alfred J. Hewitt/treasurer

Address 474 S.W. Belmont Cir Address: 474 S.W. Belmont Cir
Port St. Lucie Fl. Port St. Lucie Fl.
34953 34953

Name and Title: Alfred J. Hewitt/vice president Name and Title: _____

Address 474 S.W. Belmont Cir Address: _____
Port St. Lucie Fl. _____
34953 _____

Name and Title: Alfred J. Hewitt/secretary Name and Title: _____

Address 474 S.W. Belmont Cir Address: _____
Port St. Lucie Fl. _____
34953 _____

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SECRETARY
FILED

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: Alfred J. Hewitt
Address: 474 S.W. Belmont Cir
Port St. Lucie FL 34953

ARTICLE VII INCORPORATOR

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

Name: Alfred J. Hewitt
Address: 474 S.W. Belmont Cir
Port St. Lucie FL 34953

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

Alfred J. Hewitt 12-6-21
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.

Alfred J. Hewitt 12-6-21
Required Signature/Incorporator Date

REC'D
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SECRETARY OF STATE
TALLAHASSEE, FL