P23000003118

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TALLAHASSEE, FLORIDA

1-18-23

COVER LETTER

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

SUBJECT: Jana Lou's SeaFood 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: Jana Lou's SeaFood Inc
Name (Printed or typed)

176 NE 105 St.
Address

Cross City, Fl. 32628
City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

[redacted]

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: Jana Louis SeaFood Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Jana Kight
176 NE 105 Ave
Cross City, Fl. 32628

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be able to sell seaFood to the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jana Kight - President
Address: 176 NE 105 [redacted] Ave.
Cross City, Fl.
32628

Name and Title: Abbygael Whitehead (S)
Address: 176 NE 105 [redacted] Ave.
Cross City, Fl. 32628

Name and Title: (VP) Kasen Whitehead
Address: 176 NE 105 Ave.
Cross City, Fl.
32628

Name and Title: (T) Luke Whitehead
Address: 176 NE 105 Ave.
Cross City, Fl.
32628

Name and Title:
Address:

Name and Title:
Address:

[redacted]

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: Jana Kight

Address: 176 NE 105 Ave.

Cross City, Fl. 32628

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ARTICLE VII INCORPORATOR

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

Name: Campbells Tax Service

Address: 14750 NW 72 Ct.

Chiefland, Fl. 32626

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/22/22 (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 Jana L Kight 6/29/22

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.

Audrey Campbell 6/29/22

Required Signature/Incorporator Date