

P95000067091
TRANSMITTAL LETTER

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

SUBJECT: JOHNS FISHERIES, INC.
(Proposed corporate name - must include suffix)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
50.00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
50.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: CLEM CHO
Name (printed or typed)

3873 GEORGIA COURT
Address

TARPON SPRINGS FLORIDA 34689
City, State & Zip

813 942 4358
Daytime Telephone number

Dmc 8/30/95

FILED
95 AUG 28 11:17
TALLAHASSEE, FLORIDA

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

PLEASE VOID THIS FICTITIOUS NAME REGISTRATION
APPLICATION and credit my \$50.00 PREVIOUS
CHECK TOWARDS my \$70.00 INCORPORATION
FILING Fee, ENCLOSED IS ADDITIONAL \$20.00

THANK you.

Clem Cho .

ARTICLES OF INCORPORATION

FILED

95 AUG 28 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JOH'S FISHERIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3873 GEORGIA COURT
TARPON SPRINGS, FLORIDA 34689

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLYN VINOVIK
3873 GEORGIA COURT
TARPON SPRINGS, FL 34689

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CLEM CHO : PRESIDENT
3873 GEORGIA COURT
TARPON SPRINGS, FLORIDA 34689

DIANA CHO : TREASURER / SECRETARY
3873 GEORGIA COURT
TARPON SPRINGS, FLORIDA 34689

SARAH CHO : VICE PRESIDENT
3873 GEORGIA COURT
TARPON SPRINGS, FLORIDA 34689

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of AUGUST, 19 95.

Clem Cho PRESIDENT
Signature

Diana Cho Treasurer Secretary
Signature

Sarah Cho Vice President
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF **FILED**
REGISTERED AGENT/REGISTERED OFFICE

95 AUG 28 AM 11:17

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: JOH'S FISHERIES, INC.

2. The name and address of the registered agent and office is:

CAROLYN VINOVICH
(NAME)

3873 GEORGIA COURT
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TARPON SPRINGS, FLORIDA 34689
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carolyn Vinovich
(SIGNATURE)

8-15-95
(DATE)

P95000067091

Mail this postcard to people and businesses that send you mail

Please send mail to new address beginning: 11 0 19 5
Month Day Year

My Name (Last name, first name, middle initial)
CHD, CLEM (JOH'S FISHERIES, INC.)

OLD Complete Street Address or PO Box or Rural Route and RR Box
3873 GEORGIA COURT
TARPON SPRINGS FL 34689
City or Post Office State ZIP or ZIP+4 Code Apt./Suite #

NEW Complete Street Address or PO Box or Rural Route and RR Box
7461 GLADIOLUS DR.
FORT MYERS FL 33908
City or Post Office State ZIP or ZIP+4 Code Apt./Suite #

NEW Telephone Number (Optional)

Account Number (If applicable)

Signature Clem Chd Today's date: 11 0 19 5
Month Day Year

For additional postcards, ask for Form 3576 at your local Post Office.

October 1995

Receiver: Be sure to record the above new address

SEP 20 1995