

TRANSMITTAL LETTER

P96000075918

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

400001920424
-08/13/96--01103--018
*****78.75 *****78.75

SUBJECT: ALPHY, Inc.
(Proposed corporate name - must include suffix)

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

~~\$170.00~~
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ALPHY, Inc.
Name (printed or typed)

4007 W. MADURA ROAD
Address

Gulf Breeze, FL 32561
City, State & Zip

904-934-1036
Daytime Telephone number

FILED
JUL 12 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL 32314

17110
8/15/96
[Signature]

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 15, 1996

CLARENCE A. GRECO
4007 W. MADURA ROAD
GULF BREEZE, FL 32561

SUBJECT: ALPHY INC.
Ref. Number: W96000017110

We have received your document for ALPHY INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 996A00038910

ARTICLES OF INCORPORATION

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.

FILED
96 SEP 12 PM 11:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALPHA'S FISH MARKET, INC

ARTICLE II PRINCIPAL OFFICE

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

4007 West Madura Rd.

Gulf Breeze, FL

Corp. 4007 W. Madura Rd,
Gulf Breeze, FL 32561

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clarence A. Greco
4007 W. Madura Rd
Gulf Breeze, FL 32561

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):

Clarence A Greco
4007 West Madura Road
Gulf Breeze, FL. 32561

Laura Jan Greco
4007 West Madura Road
Gulf Breeze, FL. 32561

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

6 day of August, 1996.

(An additional article must be added if an effective date is requested.)

Clarence Greco
Signature

Laura Jan Greco
Signature

Signature

Notarization is not required

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

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

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: ALPHA FISH MARKET, INC.
2. The name and address of the registered agent and office is:

CLARENCE GRECO
(NAME)

4007 W. MADURA Rd
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Gulf Breeze FL 32561
(CITY/STATE/ZIP)

FILED
96 SEP 12 PM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Clarence Greco
(SIGNATURE)

8-6-96
(DATE)