D9700083358 TRANSMITTAL LETTER

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

000002299250--7 -09/22/97--01061--018 ****131.25 ****131.25

SUBJECT:GIILF_GOLD_SEAFOODINC			
Enclosed is an original	and one(1) copy of the article		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	S131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM: GLYNNA K STITT Name (Printed or typed)			
P.O. BOX 5059 Address			
WHITE CITY, FL 32465 City, State & Zip			
(850) 229-7411 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GULF GOLD SEAFOOD, INC.

ARTICLE II PRINCIPAL OFFICE

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

HC01 BOX 80, PORT ST JOE, FL 32456 P. O. BOX 5059, WHITE CITY, FL 32465

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GLYNNA K. STITT 7213 LILAC STREET WHITE CITY, FL 32465

GLYNNA K. STITT

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

7213 LILAC STREET
P 0 EOX 5059
WHITE CITY, FL 32/465
Signature/Incorporator
Date

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

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

Signature/Registered Agent

Date