P97000106209

TRANSMITTAL LETTER

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 17 AM 9: 18

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

800002374808--2 -12/17/97--01052--005 *****78,75 ******78.75

SUBJECT: BIG WAVE S	SEAFOOD , INC.
(F	Proposed corporate name - must include suffix)
	the articles of incorporation and a check
	and one (1) copy of the articles of incorporation and a check
for :	X \$78.75 \$122.50 \$131.25
Filing Fee	Filing Fee Filing Fee,
	& Certificate & Certified Copy Certified Copy & Certificate
FROM:	DAVID P. WARREN
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name (printed or typed)
	FOOT GEVO DD
	5235 SILO RD. Address
	ST. AUGUSTINE, FL. 32092 City, State & Zip
1	
,	(904) 824–2358
	Daytime Telephone number

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

12-18-9-



ARTICLES OF INCORPORATION TO DEC 17 AM 9: 18

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 | NAME

The name of the corporation shall be: BIG WAVE SEAFOOD INC.

ARTICLE II PRINCIPAL OFFICE

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

5235 SILO RD.

ST. AUGUSTINE, FL. 32092

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (100) ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID P. WARREN 5235 SILO RD.

ST. AUGUSTINE, FL. 32092

ARTICLE V INCORPORATOR(S)

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

DAVID P. WARREN
5235 SILO RD.
ST. AUGUSTINE, FL. 32092

The under	rsigned incorporate	or(s) has(ha	ave) executed th	nese Articles of I	ncorporation this
	TENTH day o	of	ER .	, 19 ⁹⁷	
	/ Da	vil	Wayer. Signature		
			Signature		
			Signature		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:_	BIG WAVE SEAFOOD, INC.	
2. The name and address of the re	gistered agent and office is:	
DAVID P. W	JARREN	_ 9 <u>58</u>
	(Name)	
5235 SILO	RD.	3 32
(P.C	O. Box not acceptable)	
ST. AUGUST	TINE, FL. 32092	_ 9 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	(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.

1 Davil Waren 12-14-97.
(Signature)