

P990000014836

TRANSMITTAL LETTER

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

800002757358-5

-01/28/99-01060-014
****122.50 ****78.75

SUBJECT: **CRUZIN' CRABS SEAFOODS II, INC.**
(Proposed corporate name - must include suffix)

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: **THOMAS A ENGLISH**
Name (printed or typed)

2805 WOODBRIDGE LN.
Address

ORLANDO, FL 32808
City, State & Zip

407 292-2722
Daytime Telephone number

99 FEB 12 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

No Apostrophe
in Article

FEB 11 1999
10
5



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 1, 1999

THOMAS A ENGLISH
2805 WOODBRIDGE LANE
ORLANDO, FL 32808

SUBJECT: CRUZIN' CRABS SEAFOOD II
Ref. Number: W99000002514

We have received your document for CRUZIN' CRABS SEAFOOD II and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 899A00004357

FILED
99 FEB 12 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be: **CRUZIN CRABS SEAFOOD II /INC.**

ARTICLE II PRINCIPAL OFFICE

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

2805 WOODBRIGE LN. ORLANDO, FL. 32808

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMAS A. ENGLISH

2805 WOODBRIGE LN. ORLANDO, FL. 32808

FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

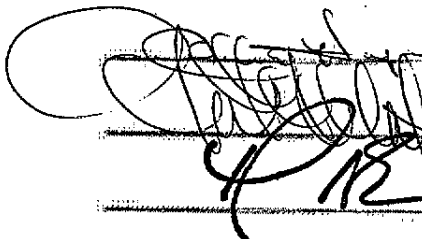


See instructions for officers/directors

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

JUNE HOPE PRESIDENT
FRANK F. FLINT VICE PRESIDENT
THOMAS A. ENGLISH DIRECTOR
2805 WOODBRIDGE LN.
ORLANDO, FL. 32808

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

JANUARY day of **20** 19 **99**

 **PRESIDENT**
 **VICE PRESIDENT**
 **DIRECTOR**

NOTE: Adding 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: **CRUZIN CRABS SEAFOOD II INC.**

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

THOMAS A ENGLISH
(NAME)

2805 WOODBRIGE LN.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

ORLANDO, FL. 32808

(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.

 **DIRECTOR**
(SIGNATURE)

1/20/99
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
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TALLAHASSEE FLORIDA