

Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : CREDIT SOLUTIONS, INC.

Account Number: 110451000522 Phone : (305)827-9080

Fax Number : (305)827-3778

FLORIDA PROFIT CORPORATION OR

Seafood MIAMI INTERNATIONAL, INC.

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 21, 1999

CREDIT SOLUTIONS, INC.

SUBJECT: SEAFOOD INTERNATIONAL, INC.

REF: W99000021739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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THE NAME CONFLICT IS SEAFOOD INTERNATIONALE CORPORATION P98000006517.

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Neysa Culligan Document Specialist

FAX Aud. #: E99000023570 Letter Number: 099A00046226 Audit Number H99000023570 7

ARTICLES OF INCORPORATION

ARTICLE 1-NAME

The name of the Corporation is

Seafood Miami International, Inc.

99 SEP 24 PM 1: 58

ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

10805 SW 86 Street Suite 3 Miami, FL 33173

ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Carlos Carrillo 10805 SW 86 Street Suite 3 Miami, FL 33173

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

17th of September, 1999

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ARTICLE 5- OFFICERS

The officers of the Corporation shall be:

President:

Carlos Carrillo

10805 SW 86 Street

Suite 3

Miami, FL 33173

ARTICLE 6-DIRECTOR(S)

The Director(s) of the Corporation shall be:

Carlos Carrillo

ARTICLE 7-SHARES

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

100 at \$1.00 per share

ARTICLE 8-REGISTERED OWNERS

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books if the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

ARTICLE 9-EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

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ARTICLE 10-AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to those Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 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:

Scafood Miami International, Inc.

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

Carlos Carrillo 10805 SW 86 Street Suite 3 Miami, FL 33173

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. 1 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

Date