

P 23000022009

Florida Department of State

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : 120190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tony@yotaco1.com

FLORIDA PROFIT/NON PROFIT CORPORATION
GO FISH FMB, INC

Table with 2 columns: Field Name and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (03), and Estimated Charge (\$78.75).

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M.A. FALLASSIST... 2023 MAR 23 AM 5:40

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: GO FISH FMB, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1005 ESTERO BLVD

151 EUCALYPTUS CT

FT MYERS BEACH, FL 33931

FT MYERS BEACH, FL 33931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY LAVALLE - PRESIDENT

Name and Title: LAURA LAVALLE - VP

Address 151 EUCALYPTUS CT  
FT MYERS BEACH, FL 33931

Address: 151 EUCALYPTUS CT  
FT MYERS BEACH, FL 33931

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANTHONY LAVALLE

Address: 1005 ESTERO BLVD  
FT MYERS BEACH, FL 33931

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTHONY LAVALLE

Address: 1005 ESTERO BLVD  
FT MYERS BEACH, FL 33931

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

[Signature]  
Required Signature/Registered Agent

3/23/2023  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]  
Required Signature/Incorporator

3/23/2023  
Date

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L.A.S.S.  
FLORIDA

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