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## **COVER LETTER**

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

SUBJECT: SEYBERT SALES COMPANY OF FLORIDA, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		I ADDITIONAL CO	IPV REOURED -

FROM:	WILLIAM SEYBERT
	Name (Printed or typed)
	4981 GARDEN DRIVE
	Address
	DELRAY BEACH, FL 33445
	City, State & Zip
	561-638-7677
	Daytime Telephone number
	WESEYBERT@MSN.COM
	E-mail address: (to be used for future annual report notification)

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

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

The name of the corporati	on shall be: SEYBERT SALES (	COMPANY OF FLORIDA, INC
	ICIPAL OFFICE Principal street address	Mailing address, if different is:
DELRAY BEA		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	
		ज है
		M.B. 23 PH
ARTICLE IV SHA The number of shares	RES stock is: 100	2: 58 
	WILLIAM SEYBERT/PRESIDENT	
Address	4981 GARDEN DRIVE	Address:
	DELRAY BEACH, FL 33445	
Name and Title:		Name and Title:
Address		
<b>N</b> 1000.0		N. LEWA
		Name and Title:
Address		Address:

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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: WILLIAM SEYBERT  Address: 4981 GARDEN DRIVE  DELRAY BEACH, FL 33445  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: WILLIAM SEYBERT  Address: 4981 GARDEN DRIVE  DELRAY BEACH, FL 33445  Having been named as registered agent to accept service of process for the above stated corporation at the place design, this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes y third degree felony as provided for in s.817.155, F.S.  Required Signature Registered Agent  Date  Required Signature Registered Agent  Date  Required Signature Registered Felony as provided for in s.817.155, F.S.	Name and	d Title:	Name and Title:
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