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J. BRYAN DEC 1 8 2003

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Seabreeze Management Corporation				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to a transact business in Florida.				
Please return all correspondence concerning this matter	to the following:			
Laurie L Tinnell				
(Name of	Person)			
Seabreeze Management Corporation				
(Firm/Company)				
3920 Mariners Way #322	TO TO THE TANK OF THE PARTY OF			
(Add	ress)			
Cortez, FL 34215	53			
(City/State and Zip code)				
For further information concerning this matter, please of	all:			
Laurie L Tinnell at (941	761-7905			
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 10, 2003

LAURIE L TINNELL SEABREEZE MANAGEMENT CORPORATION 3920 MARINERS WAY #322 CORTEZ, FL 34215

SUBJECT: SEABREEZE MANAGEMENT CORPORATION

Ref. Number: W03000037320

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6043.

Joey Bryan **Document Specialist**

Letter Number: 903A00066297

Allande St. Allandes

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO	CE WITH SECTION 607.1503, FLORIDA STATO	TITES THE FOLLOWING IS SUBMITTED TO
	OREIGN CORPORATION TO TRANSACT BUSI	
1 Seabreeze	Management Corporation	
(Enter name of	corporation; must include "INCORPORATED," "C	OMPANY," "CORPORATION,"
"lnc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")	3000
(Happy	[Corporation	ted for the purpose of transacting business in Florida
(If name unava	ulable in Florida, enter alternate corporate name adop	ted for the purpose of transacting business in Florida)
2. Nevada		88-04/6748 (FEI number, if applicable)
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. November	28,2000 <u>5,</u>	ration: Year corp. will cease to exist or "perpetual")
(Da	te of incorporation) (Du	rration: Year corp. will cease to exist or "perpetual")
6. upon qualif	ication	
(Date first trans	acted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607	sacted business in Florida, insert "upon qualification.") .1502 and 817.155, F.S.)
7. 3885 S Dec	atur Blvd Ste 2010 Las Vegas, NV 8910	3
	(Principal office address)	
3920 Marine	ers Way #322 Cortez, Fl 34215	
	(Current mailing address)	
· -	at of limited partnership	
(Purpose	(s) of corporation authorized in home state or country	to be carried out in state of Florida)
9. Name and st	reet address of Florida registered agent: (P.O	. Box or Mail Drop Box NOT acceptable)
Name:	Laurie L Tinnell	
		·=
Office Address:	3920 Mariners Way #322	.
	Cortez	, Florida 34215
	(City)	, Florida 34215 (Zip code)
10. Registered	agent's acceptance:	
Having been na	med as registered agent and to accept service of	process for the above stated corporation at the place
designated in the	is application, I hereby accept the appointment	as registered agent and agree to act in this capacity. I
and I am familie	comply with the provisions of all statutes relatives with and accept the obligations of my position	ve to the proper and complete performance of my duties, n as registered agent
		7
_	Laure & Gennell	
	(Registered agent's signature)	

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
hairman: Laurie L Tinnell	<u> </u>	<u>==</u>
ddress: 3920 Mariners Way #322		
Cortez, FL 34215	<u> </u>	
ice Chairman:		
		180 C
ddress:		
irector:		- S. S.
ddress:		
		<u> </u>
irector:		
ddress:		
uuicss,		
		44.
. OFFICERS		
resident: Laurie L Tinnell	<u> </u>	<u> </u>
ddress: 3920 Mariners Way #322		<u> </u>
Cortez, FL 34215		
ice President:		
ddress:	<u> </u>	
ecretary: Paul F Tinnell	<u> </u>	
ddress: 3920 Mariners Way #322 Cortez, FL 34215		
reasurer: Laurie L Tinnell		
ddress: 3920 Mariners Way #322 Cortez, FL 34215		
ddress: 5520 Mailmois way "522 Coreca, 12 0-1215	·	
OTE: If necessary, you may attach an addendum to the application listing add	ditional officers and/or direct	tors.
J 4 4 6 M	arreside Arresia min ar dil an	
(Signature of Director or Officer listed in number 12 of the appl	lication)	
1 1 - 1/ 0 - 1		
(Typed or printed name and capacity of person signing		



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SEABREEZE MANAGEMENT CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since NOVEMBER 1, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 7, 2003.

DEAN HELLER Secretary of State

en Helle

By Damienne C. Smelt

Certification Clerk

