F/500000/337

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



500271031055

03/27/15--01002--008 **70.00

SECRETARY OF STATE
OFFICE OF CORPORATIONS
OFFICE OF CORPORATIONS

× 03/31/15

COVER LETTER

TO:	New Filing Section of Cor					
SUBJ	FCT·	7 cas	Capita	1 Inc		
3000	LC1,	Nan	ne of corporat	ion must include s	suffix	
Dear S	ir or Madam:					
"Certi		e," or "Certific	ate of Good S	tanding" and check		t Business in Florida," mitted to register the
Please	return all corresp	ondence conce	erning this ma	tter to the following	g:	
	A bex	ande	Deme	of Person company ddress 427(e and Zip code		
			Name	of Person		·
	78	us Cap	tal 1	1 L		
-			Firm/C	lompany		
	147	e Calm	Runla	Packner	_/	
		JONE	A A	ldress	7	
	<i>(</i> .	or side	FL 3	4771		
		/ CO SINICA	City/Stat	e and Zip code		
	4	Nev. O Ca	cholone	Property. U	m	
	<i>F</i>	E-mail add	ress: (to be us	ed for future annua	l report r	notification)
For fu	rther information	concerning thi	is matter, plea	se call:		
	Alex Dem Name of Perso	u n	at (4 5 Ar	<u>4</u>) <u>707-7</u> ea Code & Daytim	e Teleph	one Number
	STREET/COUNTY New Filing Second Division of County Clifton Buildin 2661 Executive Tallahassee, FI	tion porations g Center Circle		New Divis P.O.	Filing Se ion of Co Box 632	orporations
Enclo	sed is a check for	the following	amount:			
3 \$7	0.00 Filing Fee	S78.75 F Certifica	filing Fee & ate of Status	□ \$78.75 Filing Certified Cop		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

7 Sen	apotal NC			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	PRPORATED," "CON	IPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate co	orporate name adopted	for the purpose of transacting busine	ss in Florida)
Neva	da	3		
(State or country	y under the law of which it is in-		(FEI number, if applicable)	
2/5	12015	5.	Perpetua / ion: Year corp. will cease to exist or	
(Date	of incorporation)	(Dura	ion: Year corp. will cease to exist or	"perpetual")
			a, if prior to registration)	
			., to determine penalty liability)	
	18 John Ringly	Pulkery	Soust Pl 34	274
	(Princ	cipal office address		·
	8 John Righ	a Polkery	Surget 7 13V	274
	(Curre	ent mailing address)		
				5
Name and street	t_address of Florida register	ed agent: (P.O. Box	NOT acceptable)	丟
Name:	Alexarder D 1418 John Ringley Sura sofa (City)	eme		15 MAR 27
rumo.		01		ــ ـ
ffice Address:	1418 John Kingley	Pallury		
	Surasofa	,	Florida 717.34	Antio
	(City)		(Zip code)	Ç
7				
	ent's acceptance: and as registered agent and t	to accept service of	process for the above stated corpo	oration at the n
			s registered agent and agree to a	
			e to the proper and complete perf	ormance of my
ities, and I am j	amiliar with and accept the	obligations of my p	osition as registered agent.	
		<u></u>		
		7)		
_		st rad agent a signature		
	(Regis	stered agent's eignatui	e)	
	, <u>-</u>			

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRE		
	Abexarde Dune	_
Address: _	1418 John Rrybra, Palkway swasofer FL 34236	_
– Vice Chairi	man:	_
Address: _		_
Director: _	Alexande Deme	_ _
Address: _	Abeparde Bene 14/8 John R. Mylong Parkung Sansfer FL 34278	_
Director:	15 Y	\$ECK
	27	TARY!
B. OFFI	CERS = S	
	Alexander Danie	<u> </u>
Address: _	1918 John Rylny Parkey Surarety FL 34276	
Vice Presid	dent:	
Address: _		
- Secretary:	Aberende Deme	
Address: _	14/8 John Rybry Rokung Swajota FC 3427	,
Treasurer:	Alsowell Deme 1418 Vohn Ringling Pakway Sarasota, RC 3427	_
NOTE: I	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or Officer	
are true a	er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutions gree felony as provided for in s.817.155, F.S.	
13	Alexande Deve, President	
	(Typed or printed name and capacity of person signing application)	

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, non-profit corporations, corporation soles, 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, 7 SEAS CAPITAL, INC, 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 February 5, 2015, and is in good standing in this state.

O AL OF THE O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 6, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150306-1581
You may verify this electronic certificate
online at http://www.nvsos.gov/