

N23000012144

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000353641 3)))



H230003536413ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MISSION SEA CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2023 OCT -9 PM 2:09

RECEIVED

2023 OCT -9 PM 3:00
RECEIVED
FLORIDA DEPARTMENT OF STATE
LAZARUS CORPORATE FILING SERVICE

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: MISSION SEA CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address:11272 NW 51ST TER

Mailing address, if different is:

SAMEDORAL FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: COMMUNITY SERVICE AND TO
HELP TO PROTECT THE ENVIRONMENT.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: _____By the By Laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ERNESTO LIMOUNTA

Name and Title: _____

Address 11272 NW 51ST TER

Address: _____

DORAL FL 33178(P)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 OCT 9 PM 3:00
FILED
CLERK OF DISTRICT COURT
JANUARY 10, 2024

2023 OCT -9 PM 3:00

FILED

Name and Title: _____ Name and Title: _____

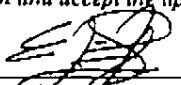
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____


ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ERNESTO LIMONTAAddress: 11272 NW 51ST TERDORAL FL 33170**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ERNESTO LIMONTAAddress: 11272 NW 51ST TERDORAL FL 33170

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



Required Signature of Registered Agent10/9/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator10/9/2023
Date

FILED
2023 OCT -9 PM 3:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA