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FILED

TRANSMITTAL LETTER

00 SEP 14 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900003393809--4
-09/14/00-01102--002
*****78.75 *****78.75

SUBJECT: SUNDOWNER ADVENTURES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: TRUEMAN L. SEAMANS
Name (Printed or typed)

4814 WESTWIND COURT
Address

AMELIA ISLAND, FL. 32034
City, State & Zip

(757) 651-3483
Daytime Telephone number

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

PA 9/18/00

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

SUNDOWNER ADVENTURES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

AMELIA ISLAND, FL. / 4814 WESTWIND COURT
AMELIA ISLAND, FL. 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE A CHARTER BOAT SERVICE INCLUDING
SCUBA DIVING, FISHING, AND TOUR TRIPS.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

TRUEMAN L. SEAMANS - PRESIDENT

ANDRONIKE K. SEAMANS - SECRETARY

4814 WESTWIND CT
AMELIA ISLAND, FL,
32034

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TRUEMAN L. SEAMANS
4814 WESTWIND COURT
AMELIA ISLAND, FL. 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRUEMAN L. SEAMANS
4814 WESTWIND COURT
AMELIA ISLAND, FL. 32034

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

 / TRUEMAN L. SEAMANS
Signature/Registered Agent

1 SEPT. 00
Date

 / TRUEMAN L. SEAMANS
Signature/Incorporator

1 SEPT. 00
Date