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PO2000077961

SUBJECT: SEA KING DESIGNS, INC.

1.000006463481--8  
-07/17/02--01031--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

ENCLOSED ARE AN ORIGINAL AND ONE (1) COPY OF THE  
ARTICLES OF INCORPORATION AND A CHECK FOR \$78.75  
REPRESENTING THE FILING FEE AND CERTIFICATE OF STATUS

PLEASE RETURN THE FILING TO THE INCORPORATOR

FROM: ROBERT T. KNOX

ADDRESS: 721 HUCKLEBERRY LANE

CITY/STATE NORTH PALM BEACH, FLORIDA 33408

TELEPHONE # 561-627-1734

FILED  
02 JUL 17 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/7/18

## ARTICLES OF INCORPORATION

### ARTICLE I      NAME

The name of the corporation shall be:

**SEA KING DESIGNS, INC.**

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailing address is

420 U S HIGHWAY ONE  
SUITE 15  
NORTH PALM BEACH, FLORIDA 33408

### ARTICLE III      PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. The corporation shall exist perpetually unless dissolved according to Florida Law.

### ARTICLE IV      SHARES

The corporation is authorized to issue FIVE HUNDRED (500) shares of common stock, par value ONE DOLLAR (\$1.00) per share.

### ARTICLE V      INITIAL OFFICERS/DIRECTORS

The name, address and title of the initial officers/directors are:

Robert T. Knox                      Director/President  
721 Huckleberry Lane  
North Palm Beach, Florida 33408

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ARTICLE VI      REGISTERED AGENT

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

Robert T. Knox  
721 Huckleberry Lane  
North Palm Beach, Florida 33408

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TALLAHASSEE, FLORIDA

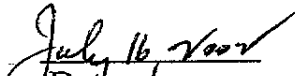
ARTICLE VII      INCORPORATOR

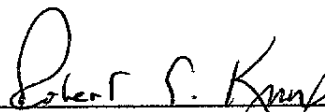
The name and address of the Incorporator is:

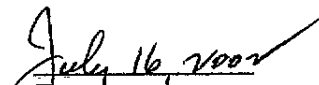
Robert T. Knox  
721 Huckleberry Lane  
North Palm Beach, Florida 33408

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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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