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TRANSMITTAL LETTER

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

SUBJECT:SE	ABREEZE INT'L CONSULT	ING INC.						
·-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:					
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED					
FROM:	JODY & PAE	BLO DELEON						
110M. <u>—</u>	Name	(Printed or typed)						
	4641 SW 70	TH TERRACE						
Address DAVIE, FLORIDA 33314 City, State & Zip								
						(954) 321-	-1196	
					-	Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SEABREEZE INT'L CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4641 SW 70TH TERRACE DAVIE, FLORIDA 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING & MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JODY DELEON - PRESIDENT

PABLO DELEON - VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JODY DELEON 4641 SW 70TH TERRACE DAVIE, FLORIDA 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PABLO DELEON 4641 SW 70TH TERRACE DAVIE, FLORIDA 33314

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/Incorporator

Oct 120 63

Oct 230 63

Date

Oct 230 63

Date

NS MAY 25 M 8:50