

P04000074274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

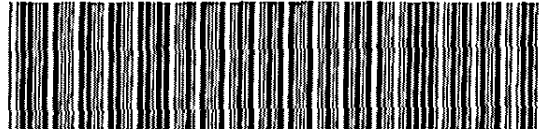
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FILED  
04 MAY -3 PM 1:02  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Seaga Tours, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Ernesto Ackerman

Name (Printed or typed)

7215 NW 46 St

Address

Miami, fl 33166

City, State & Zip

305-594-7474

Daytime Telephone 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:  
Seaga Tours, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
7215 NW 46 St  
Miami, Fl 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Wholeseling in Tourism

**ARTICLE IV SHARES**

The number of shares of stock is:  
One Hundred shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Ernesto Ackerman President  
Roberto Ackerman Vice-President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Ernesto Ackerman 7215 NW 46 St  
Miami, Fl 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Ernesto Ackerman 7215 NW 46 St  
Miami, Fl 33166

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*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

04/28/04  
\_\_\_\_\_  
Date

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

04/28/04  
\_\_\_\_\_  
Date

FILED  
04 MAY -3 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA