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TALLAHASSEE, FLORIDA

18 APR 16

COVER LETTER

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

SUBJECT: SEAGATE TRADING COMPANY, 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
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: OWEN DAWES
Name (Printed or typed)

1575 MAIN STREET
Address

DUNEDIN, FL 34690
City, State & Zip

727-734-7590
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be; SEAGATE TRADING COMPANY, Incorporated.

ARTICLE II

The principal place of business and mailing address of this corporation shall be; 1575 MAIN STREET, DUNEDIN, FLORIDA 34698

ARTICLE III

The purpose of this corporation is to engage in all legal business affairs.

ARTICLE IV

The number of shares in the corporation shall not exceed one hundred shares.

ARTICLE V

The name of the President/Secretary/Director is OWEN DAWES

ARTICLE VI

The name and Florida street address of the initial registered agent is: OWEN DAWES, 1575 MAIN STREET, DUNEDIN, FLORIDA 34698

ARTICLE VII

The name and address of the incorporator to these Articles of Incorporation is; OWEN DAWES, 1575 MAIN STREET, DUNEDIN, FLORIDA 34698



Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

Date

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TALLAHASSEE, FLORIDA