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# TRANSMITTAL LETTER

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

SUBJECT:	SEA CAKS REALTM SALE	S CORPORATION, I	NC.
	(PROPOSED CORPORATE	NAME – MUST INCLUD	E SUFFIX)
Enclosed is an orig	ginal and one(1) copy of the artic	les of incorporation and a	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 PY REQUIRED
	William C. Joh	FROM: nson rinted or typed) aks Circle East,	#104

SEA OAKS REALTM SALES CORPORATION, INC.

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

Address

City, State & Zip

Daytime Telephone number

772 - 234 - 4270

yero Beach, Florida

32963-4021

#### 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:

sea Oaks Realth sales corporation, Inc.

FILFD 06 JUL -6 PM 3: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1155 Winding Oaks Circle East #104 vero Beach, Florida 32963-4021

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose shall be for the purchase, sale and rental of residential properties in the county of Indian giver, Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

There shall be 100 shares of common stock.

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

William C. Johnson, president & Director 1155 Winding Oaks Circle East, yero Beach, Florida 32963-4021 Dorothy J. Johnson, Treasurer & Director 1155 Winding Caks Circle East, Vero Beach, Florida 32963-4021

#### ARTICLE VI REGISTERED AGENT

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

william C. Johnson, 1155 winding Oaks Circle East, vero Beach, Florida 32963-4021

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

William C. Johnson, 1155 Winding Oaks Circle East, yero Beach, Florida 32963-4021

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

William C. Johnson

William C. Johnson

6/30/06 Date

Signature/Incorporator

### CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	SÆA	OAKS	REALȚY	SALES	CORPORATION,	INC
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2.	The name and	address	of the	registered	agent and	office is
<b>~</b> .	TITO HOUSE OF COLUMN	~~~~	O1 1110	10,510,000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

William C. Johnson 1155 Winding Oaks Circle East, #104 Vero Beach, Florida 32963-4021

Signature	Wiein C.	Johnson
Title	Prenter	
Date	6/30/06	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signatura	Wiei' C.	CRETARY	JUL -6	FILE
Signature_	or acces			
Date	6/30/06	TORID TATE	ယ္	

IN WITNESS WHEREOF the undersigned incorporator has executed these Articles of
Incorporation this 30 day of June 2006
Signature of incorporators
William C. Johnson
WILLIAM C. JOHNSON
(Print)
STATE OF FLORIDA COUNTY OF INDIAN RIVER
THE FOREGOING instrument was acknowledged and sworn to before me this
day of July by William C SOHN CON (name of incorporator) of
(name of(corporation).
affen On any
My commission expires /-16-10 Nother Public
Josephine M. Gray Commission # DD490691 Expires January 16, 2010 Sended Toly Pain insurance, Inc. 800-385-7019

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