

P07000085310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

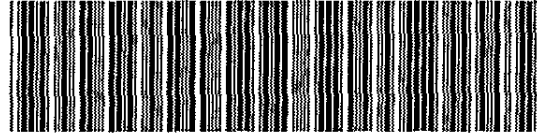
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUL 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pa

COVER LETTER

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

SUBJECT: SEALMAX, 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: Britta Liccardi

Name (Printed or typed)

480 SW Jasmine Ave.

Address

Keystone Heights, FL. 32656

City, State & Zip

904-652-7077

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:

SEALMAX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

480 SW Jasmine Ave. Keystone Heights, FL. 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To repair metal roofs

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charles Norman Jr. Vice President
480 SW Jasmine Ave.
Keystone Heights, FL. 32656

Britta Liccardi President, Secretray, Treasurer
480 SW Jasmine Ave.
Keystone Heights, FL. 32656

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Britta Liccardi
480 SW Jasmine Ave.
Keystone Heights, FL. 32656

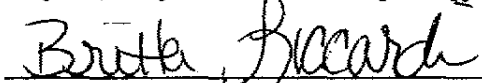
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Britta Liccardi
480 SW Jasmine Ave.
Keystone Heights, FL. 32656

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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

7/24/2007

Date



Signature/Incorporator

7/24/2007

Date