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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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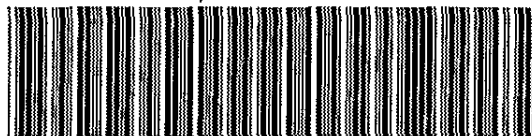
(Business Entity Name)

(Document Number)

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COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: SEEKR, 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: Blaine C. Dickenson, Esq., Dickenson, Rex & Sloan, P.A.

Name (Printed or typed)

980 North Federal Highway #410

Address

Boca Raton, FL 33432

City, State & Zip

561-391-1900

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:

SEEKR, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1481 SW 19th Street, Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Grant Freer, Director, President and Treasurer

Gia Martinez, Director, Vice-President and Secretary

1481 S.W. 19th Street

Boca Raton, FL 33486

ARTICLE VI REGISTERED AGENT

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

Blaine C. Dickenson, Esquire

980 N. Federal Hwy #410

Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Blaine C. Dickenson, Esquire

980 N. Federal Hwy #410

Boca Raton, FL 33432

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/1/07

8/1/07