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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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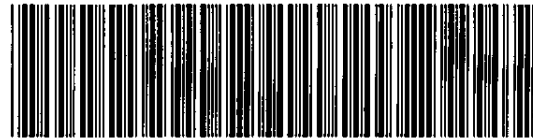
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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691

COVER LETTER

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

SUBJECT: SEBASTIAN'S FLOORING 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: MANUEL E. HIDALGO
Name (Printed or typed)

1022 N. LOCKWOOD RIDGE RD APT C.
Address

SARASOTA, FL 34237
City, State & Zip

941-536-4153
Daytime Telephone number

MHIDALGO69@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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:

SEBASTIAN'S ^{Flaming} INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1022 N LOCKWOOD RIDGE RD APT C
SARASOTA FL 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLORIDIAN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MANUEL F HIDALGO (PRESIDENT)
1022 N LOCKWOOD RIDGE RD APT C
SARASOTA FL 34237

ARTICLE VI REGISTERED AGENT

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

MANUEL F HIDALGO
1022 N LOCKWOOD RIDGE RD APT C
SARASOTA FL 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL F HIDALGO
1022 N LOCKWOOD RIDGE RD APT C
SARASOTA FL 34237

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

9/26/2010

9/26/2010