## P11000069263

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
Links Links				
(Business Entity Name)				
(Document Number)				
Contification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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NOT INTENDED

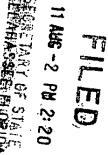
TO ACKNOWLEDGE

SUFFICIENCY OF FILING

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DEPARTMENT OF STATE

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## **COVER LETTER**

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

		•	Seatood
SUBJECT:	(PROPOSED CORPORA	2 YOU TE NAME - MUST INCLU	Jeafood  Inc.  UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	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
FROM:	. (1011)	Nelson e (Printed or typed) Towher	P 0.
<u>-</u>	Tal/	Address - FC 37, State & Zip - 8	
	•	Telephone number  Aug C In Coped for future annual report	yahoo. (on notification)

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)

FILED ARTICLE I NAME Sea 2 you Sectord Inc. The name of the corporation shall be: 11 AUS -2 PM 2: 20 Mailing address, if differential TARY OF STATE ARTICLE II PRINCIPAL OFFICE Principal street address Towher ARTICLE III PURPOSE The purpose for which the corporation is organized is:

Sec food Restrand ARTICLE IV SHARES The number of shares of stock is: ARTICLE V Name and Title: Address: 32205 Se croly Name and Title Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 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 *S*-*S* − / / Date Required Signature/Registered Agent I submit this document and affirm that the facts/stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third Agree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

8.3-11