

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000257384 3)))



H110002573843ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**seahorse construction services, inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

10/26/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 26 AM 9:37

Ps 10/27/11

H 11000257384

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** SEAHORSE CONSTRUCTION SERVICES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4208 S.W. 2 TERRACE  
CORAL GABLES, FL 33134

Mailing address, if different is:  
P.O. BOX 144193  
CORAL GABLES, FL 33114

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 @ \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT - MIGUEL RODRIGUEZ  
Address: 4208 S.W. 2 TERRACE  
CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: VICE PRESIDENT  
Address: KRISTINA NAPOLES-RODRIGUEZ  
4208 S.W. 2 TERRACE  
CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

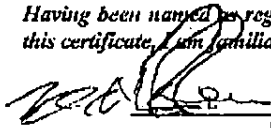
Name: MIGUEL RODRIGUEZ  
Address: 4208 S.W. 2 TERRACE  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MIGUEL RODRIGUEZ  
Address: 4208 S.W. 2 TERRACE  
CORAL GABLES, FL 33134

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



Required Signature/Registered Agent

10/26/2011

Date

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 degree felony as provided for in s. 817.155, F.S.



Required Signature/Incorporator

10/26/2011

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 26 AM 9:37

H 11000257384