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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727) 322-0909  
Fax Number : (727) 322-0520

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TALLAHASSEE, FLORIDA

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

Email Address: DAVIDCPA@TAMPABAY.RL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
SEASIDE SALES GROUP, INC

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

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No. 3524 P. 2

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

12 FEB 17 AM 10:45

**ARTICLE I NAME** SEASIDE SALES GROUP, INC  
The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11980 LAKE ALLEN DR  
LARGO, FL 33777

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO CONDUCT ANY LEGAL BUSINESS IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 COMMON

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

Name and Title: FRED ZAMPARELLI PRES  
Address: 11980 LAKE ALLEN DR  
LARGO, FL 33777

Name and Title:  
Address:

Name and Title:  
Address:

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:

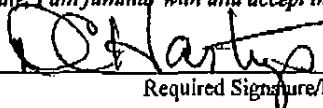
Name: DAVID C HASTINGS CPA  
Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRED ZAMPARELLI  
Address: 11980 LAKE ALLEN DR  
LARGO, FL 33777

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

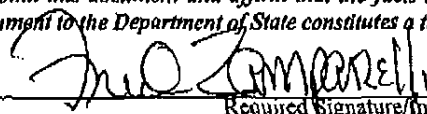


Required Signature/Registered Agent

02/17/2012

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

02/17/2012

Date

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