

P/2000017899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

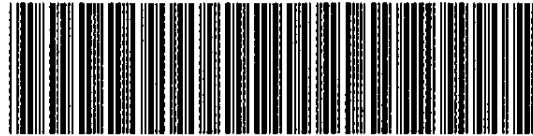
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400222405154

02/20/12--01024--006 **70.00

FILED
12 FEB 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/22/12

COVER LETTER

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

SUBJECT: SEALION CAPITAL CORP.
(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: JANE FU
Name (Printed or typed)

11705 VALLEY BLVD
Address

EL MONTE, CA 91732
City, State & Zip

626-292-6868 ext 203
Daytime Telephone number

fuzejuan@gmail.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: **SEALION CAPITAL CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

79 Veranda Way

Palm Coast, FL 32137

Mailing address, if different is:

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: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISA D CUTRUZZOLA, V.P.

Address: 79 VERANDA WAY

PALM COAST, FL 32137

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: CANBE XING

Address: 79 VERANDA WAY

PALM COAST, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CANBE XING

Address: 79 VERANDA WAY

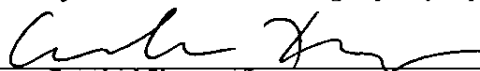
PALM COAST, FL 32137

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

02/13/2012
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

02/13/2012
Date

FILED
12 FEB 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA