

P12000062395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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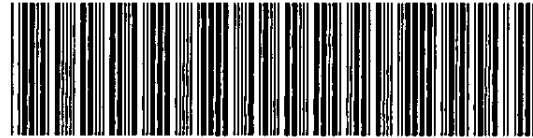
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 16 PM 4:38

gf 7/17/12

COVER LETTER

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

SUBJECT: SEA SLICK, 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: **JOHN M. KAPSOS**

Name (Printed or typed)

1818 STAIMFORD CIR.

Address

WELLINGTON, FL 33414

City, State & Zip

561-714-3638

Daytime Telephone number

kapsosj@bellsouth.net

E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: SEA SLICK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1818 STAIMFORD CIR.
WELLINGTON, FL 33414

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS ACTIVITY.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN M. KAPSOS	Name and Title: _____
Address: 1818 STAIMFORD CIR.	Address: _____
WELLINGTON, FL 33414	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: JOHN M. KAPSOS
Address: 1818 STAIMFORD CIR.
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

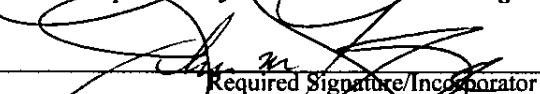
Name: JOHN M. KAPSOS
Address: 1818 STAIMFORD CIR.
WELLINGTON, FL 33414

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

7/12/2012
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

7/12/2012
Date