P120000102395

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:				
		•			
		Į.			

Office Use Only



500237390015

07/16/12--01018--003 ****79.75**

12 JUL 16 PM 4: 38

VISICA OF CORPORATIONS

مر المالع

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 – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
Enclosed are all original and one (1) copy of the articles of incorporation and a check for.	7					
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status						
ADDITIONAL COPY REQUIRED						
FROM: JOHN M. KAPSOS Name (Printed or typed)						
1818 STAIMFORD CIR.						
Address	7 2	ें द्व				
WELLINGTON, FL 33414 City, State & Zip						
City, State & Zip		3-4				
561-714-3638	SĚ F	799 100 100 100 100 100 100 100 100 100 1				
561-714-3638 Daytime Telephone number Daytime Telephone number						
kapsosi@bellsouth.net E-mail address: (to be used for future annual report notification)	55	SHOL				

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 II PRINCIPAL OFFICE Principal street address 1818 STAIMFORD CIR. WELLINGTON, FL 33414 ARTICLE IV 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 IV SHARES The number of shares of stock is: 1818 STAIMFORD CIR. Address: 1818 STAIMFORD CIR. Address: 1818 STAIMFORD CIR. Address: Address: Address: Address: Address: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: ABIS STAIMFORD CIR. WELLINGTON, FL 33414 ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JOHN M. KAPSOS Address: 1818 STAIMFORD CIR. WELLINGTON, FL 33414 ARTICLE VI 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 this cerdificate, I am familiar with any accept the appointment as registered agent and agree to act in this capacity TIA JAGIA Reculved Signatura Registered Agent I submit this document and offirm that the fact stated beetin are true. I am aware that the facts information submitted in document to the Department of Seat Constitution of Seat Constitution.	ARTICLE I	NAME	oo man onaptor oo	, and or onupror of	SECRETARY OF STATE DIVISING FE CORPORATIONS
Principal street address Mailing address, if different is:	The name of the cor	poration shall be: SI	EA SLICK, 1	INC.	
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: Name and Title: Address: Addre	18	Principal <u>street</u> add 318 STAIMFORD C	lress IR.		
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: WELLINGTON, FL 33414 Name and Title: Name and Title: Address: I818 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signatury Registered Agent I submit this document and affirm that the facet stated berein are true. I am aware that the false information submitted in document to the Department of Staty constitutes at third degree felony as provided for in s.817.155, F.S.	The purpose for wh	ich the corporation is o	rganized is: LAWFUL BUS	SINESS ACTIV	ITY.
Name and Title:					
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: 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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 document to the Department of Scang constitutes a third degree felony as provided for in s.817.155, F.S.	Name and Tit	e: JOHN M. KAPS 1818 STAIMFO WELLINGTON	OS RD CIR. FL 33414	Name and T Address:	itle:
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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Agents 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity T/12/26/2 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		e:		Name and T Address:	Title:
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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity T/12/26/2 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE VI	PEGISTERED AGE	ידיג		
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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	The <u>name and Flori</u> Name:	da street address (P.O. JOHN M. KAPS 1818 STAIME	Box NOT acceptal SOS ORD CIR	ble) of the registered	agent 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE VII	NCORPORATOR			
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 7/12/26/2 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name:	JOHN M. KAPS 1818 STAIMEO	RD CIR.		
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Having been named this certificate, I am	familiar with and accep	t the appointment	as registered agent a	nd agree to act in this capacity
Required Signature/Incorporator Date	I submit this docum document to the Dep	Pariment of State constitu	utes a third degree	in are true. I am aw felony as provided fo	are that the false information submitted in a or in s.817.155, F.S. 7/12/2012 Date