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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Eiling Officer				
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Office Use Only



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SECRETARY OF STATE

ALLAHKSSEE TO SBISIS



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T. Burch SEP &

## , COVER LETTER

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

SUBJECT: Sea-Tech Trailers, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Esther Bado	(Printed or typed)	
11811 SW 122 Ave		
A	ddress	· · · · · · · · · · · · · · · · · · ·
Miami, Florida 33186	State & Zip	
305-301-1963 Daytime Te	elephone number	
estherbado21@bellsouth E-mail address: (to be used	.net 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 Sea-Tech Traile	rs. Inc.	
The name of the c	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mail	ing address, if different is:
	11811 SW 122 Ave.		
	Miami, Florida 33186		
ARTICLE III	<del></del>		
	which the corporation is organized is: e and repair boat trailers.		<b>12</b>
wanuacture	and repair boat trailers.		F.0. 2.
			海営 2 円
			71L 26 ARY VSSE
			## <b>2</b>
ARTICLE IV	SHARES ares of stock is: 100		11 m 1 m
The number of sh	ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	·
	Fitle: Raul Bado, President		
Address:	8490 SW 96 Street	Address:	
	Miami, Florida 33156	<del></del>	
		<del></del>	
Name and 7	Fisher Verset Madies Wise Densident	Nome and Title:	
Address:	Fitle: Yusef Mejias, Vice President 6675 West Flagler Street #40	A Address	
Addiess.	Miami. Florida 33144	/ tdd/cos	
		<del></del>	
	Fitle:	Name and Title:	
Address:		Address:	
		<del></del>	
	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptal	le) of the registered agent is:	
Name:	Esther Bado		
Address:	_11811 SW 122 Ave		
	_Miami, Florida_33186	<del></del>	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	Esther Bado		
Address:	_11811 SW 122 Ave		
	Miami, Florida 33186	<del></del>	
Haring been need	ned as registered agent to accept service of p	enages for the above stated	composation at the place designated in
	nea as registerea agent to accept service of p am familiar with and accept the appointment (		
^	•	a regioner cu ugeru unu ugre	c so uce in trial capacity
61	Ther Bedo		9/23/2012
	Required Signature/Registered Agen	<u> </u>	Date
	Required Signature Registered Agen	ı	Date
I submit this doc	rument and affirm that the facts stated herei	n are true. I am aware tha	t the false information submitted in a
document to the	Department of State constitutes a third degree	felony as provided for in s.8	217.155, F.S.
$\nearrow$	$\rightarrow$ $\rho$		alan la ca
6A	ther Bado		9/23/2012
· · · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator		Date