

P12000092310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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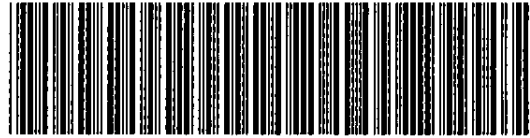
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/02/12--01002--026 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/5/12

COVER LETTER

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

SUBJECT: Seariders Travel & Cruise, 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: Albert J. Redlhammer

Name (Printed or typed)

6650 Nova Drive. Suite 201,

Address

Davie, Florida 33317

City, State & Zip

954-764-0616

Daytime Telephone number

aredlhammer@seariders.com

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

DEB: OLB:VIA

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: **Seariders Travel & Cruise, Inc.;**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**6650 Nova Drive, Suite 201,
Davie, Florida 33317**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
**Travel & Cruise Reseller
Travel Services**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Albert J. Redhammer- President**
Address: **10651 S. 27th Street
Davie, Florida 33317**

Name and Title: **Patricia L. Barrett- Treasurer**
Address: **5704 S.W. 116 Avenue
Cooper City, Florida 33330**

Name and Title: **Daniel Barrett- Vice President**
Address: **5704 S.W. 116 Avenue
Cooper City, Florida 33330**

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:

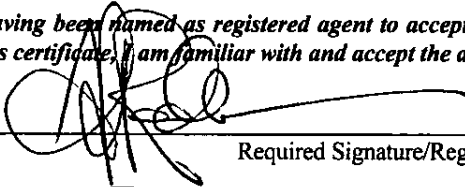
Name: **Albert J. Redhammer**
Address: **10651 S.W. 27th Street
Davie, Florida 33328**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

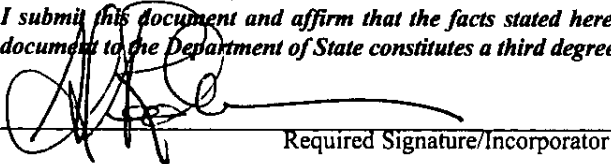
Name: **Albert J. Redhammer**
Address: **10651 S.W. 27th Street
Davie, Florida 33328**

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

10/23/2012
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

10/23/2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA