

P/3000080/35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

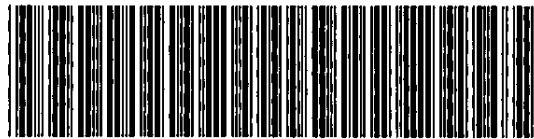
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_ ✓

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13 SEP 30 AM 10:49  
DIVISION OF CORPORATE AFFAIRS

8  
9-30-13

## COVER LETTER

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

SUBJECT: Seacoast School Supply, 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: Lea E. Kornegay  
Name (Printed or typed)

320 Eloise Street  
Address

Tallahassee, FL 32312  
City, State & Zip

850-544-9950  
Daytime Telephone number

LEKornegay@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:

Seacoast School Supply, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

320 Eloise Street  
Tallahassee, FL 32312

Mailing address, if different is:

PO Box 38579  
Tallahassee, FL 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to buy and sell school  
supplies for profit.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Lea Kornegay, President

Name and Title:

Address

320 Eloise Street  
Tallahassee, FL  
32312

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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:

Address:

Lea Kornegay  
320 Eloise Street  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

Lea Kornegay  
320 Eloise St  
Tallahassee, FL 32312

*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*

Lea Ellen Kornegay  
Required Signature Registered Agent

Sept 30, 2013  
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.*

Lea Ellen Kornegay  
Required Signature Incorporator

Sept 30, 2013  
Date