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Articles

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1. Seagrass Consulting, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

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TALLAHASSEE FLORIDA

SUBJECT: Seagrass Consulting, 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: Michael W. Malarney

Name (Printed or typed)

7400 Tamiami Trail North, # 101

Address

Naples, FL 34108

City, State & Zip

239-653-9330

Daytime Telephone number

kathy@pearlmalarneysimth.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: Seagrass Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
7400 Tamiami Trail North, #101
Naples, FL 34108

Mailing address, if different is:

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Lawful Act permitted under the Florida Statutes

ARTICLE IV SHARES
The number of shares of stock is: 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael W. Malarney- Vice President</u>	Name and Title:	_____
Address	<u>7400 Tamiami Trail North, #101</u>	Address:	_____
	<u>Naples, FL 34108</u>		_____

Name and Title:	<u>Jeff Gargiulo - President</u>	Name and Title:	_____
Address	<u>7400 Tamiami Trail North, #101</u>	Address:	_____
	<u>Naples, FL 34108</u>		_____

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

(cont.)

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TALLAHASSEE, FLORIDA

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: Michael W. Malarney
Address: 7400 Tamiami Trail North, #101
Naples, FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vera B. Ray
Address: Colby Attorneys Service Co., Inc.
111 Washington Ave., Suite 703
Albany, NY 12210

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

X [Signature]
Required Signature/Registered Agent

1/9/2014

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 §817.155, F.S.

X Vera B Ray
Required Signature/Incorporator

1/9/2014

Date