

P/4000009210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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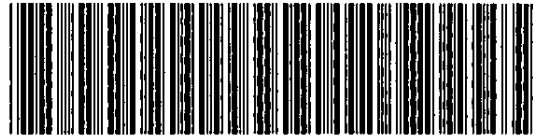
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **SEA STYLE, INC. IMPORT/EXPORT**
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **KATHLEEN TOLEDO**

Name (Printed or typed)

9118D SW 20th COURT

Address

DAVIE, FLORIDA 33324

City, State & Zip

954-646-5465

Daytime Telephone number

k_toledo@msn.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:

SEA STYLE, INC. IMPORT/EXPORT

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9118D SW 20th COURT

DAVIE, FLORIDA 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distributor/retailer of decor/yacht outfitting for beach homes and boats.

Importer/exporter of tableware/decor for yacht outfitting & beach homes.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Kathleen Toledo, Owner/President**

Address

9118D SW 20TH COURT

DAVIE, FLORIDA 33324

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

(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: KATHLEEN TOLEDO
Address: 9118D SW 20TH COURT
DAVIE, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen Toledo
Address: 9118D SW 20th COURT
DAVIE, FLORIDA 33324

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TALLAHASSEE, FLORIDA

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

Kathleen M Toledo

Required Signature/Registered Agent

01/20/2014

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 s.817.155, F.S.

Kathleen M Toledo

Required Signature/Incorporator

01/20/2014

Date