

P14000006834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

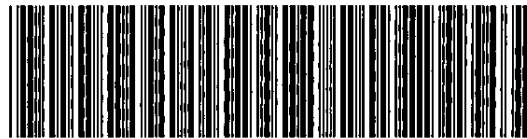
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STATE OF ARIZONA

COVER LETTER

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

SUBJECT: Seaford Deals On Wheels, 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 ☐ \$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: Dorian Murray
Name (Printed or typed)

1812 36th St.
Address

Orlando, FL 32839
City, State & Zip

321-460-8238
Daytime Telephone number

Seafordwheels@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: Seafood Deals on wheels, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

123 Cooper Ct.
Orlando, FL 32835

P.O. Box 616482
Orlando, FL 32861

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell various wholesale seafood
to consumers @ retail prices.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Travis Jenkins - President Name and Title: _____

Address 123 Cooper Ct. Address: _____
Orlando, FL 32835

Name and Title: Dorian Murray - Vice President Name and Title: _____

Address 1812 316th St. Address: _____
Orlando, FL 32839

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(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: Dorian Murray
Address: 1812 36th St.
Orlando, FL 32839


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorian Murray
Address: 1812 36th St.
Orlando, FL 32839


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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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

7/23/14
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

7/23/14
Date