

P1400006 3372

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 JUL 28 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Seacclipse Swimwear, 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: Laura C. Torres

Name (Printed or typed)

8625 SW 94 Ave

Address

Miami, FL 33173

City, State & Zip

786-269-3878

Daytime Telephone number

seacclipseswimwear@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: Seacclipse Swimwear, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

8625 SW 94 Ave

Miami, FL 33173

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: for transacting and and all lawful business.

**ARTICLE IV    SHARES**

1,000 shares of common stock @ \$1.00 per share

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Laura C. Torres, Director

Address: 8625 SW 94 Ave

Miami, FL 33173

Name and Title: Gabriel O. Torres, Director

Address: 8625 SW 94 Ave

Miami, FL 33173

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Laura C. Torres

Address: 8625 SW 94 Ave

Miami, FL 33173

**ARTICLE VII INCORPORATOR**

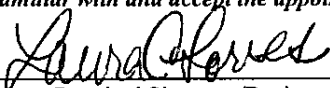
The name and address of the Incorporator is:

Name: Laura C. Torres

Address: 8625 SW 94 Ave

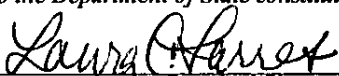
Miami, FL 33173

*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