## P1400063585

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT .	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

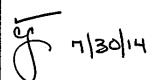
Office Use Only



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14 JUL 28 M 9 13
SECRETARY OF STATE
ANALYSISE OF STATE



## **COVER LETTER**

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

SUBJECT: SEACOAST ADVERTISING OF FLORIDA 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 \$\$87.50 \$\$Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

\*\*Certificate of Status\*\*

\*\*ADDITIONAL COPY REQUIRED\*\*

FROM:	JAMES L BUTLER			
	Name (Printed or typed)			
	3854 NW 89TH WAY			
	Address			
	HOLLYWOOD, FL 33024	SECH	14	
	City, State & Zip	芸質	یخ	***
	954-559-9134	SSEE SSEE	28	
	Daytime Telephone number		<u> </u>	
	randyw1285@aol.com	[140] [140]	ب	
•	E-mail address: (to be used for future annual report notification)		(A)	

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)

TICLE II PRI	NCIPAL OFFICE	Mailing address, if different is:	
354 NW 89T	Principal street address	Mailing address, if different is:	
OLL TWOOL	D, FL 33024		
purpose for which the LORIDA.	he corporation is organized is: ANY AN	ND ALL LAWFUL BUSINESS IN	
<del></del>			
TICLE IV SHA	RES 100		
TICLE IV SHA	NRES stock is:		
	RES stock is: 100	<u>s</u>	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		
TICLE V INIT		Name and Title:	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR JAMES L BUTLER, PRESIDENT		
TICLE V INIT	JAMES L BUTLER, PRESIDENT	Name and Title:	
TICLE V INTO  Name and Title  Address	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:	
Name and Title Address Name and Title	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:  Name and Title:	
TICLE V INTO  Name and Title  Address	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:  Name and Title:	
Name and Title Address Name and Title	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:  Name and Title:  Address:	
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Name and Title Address  Name and Title: Address	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title: Address	JAMES L BUTLER, PRESIDENT 3854 NW 89TH WAY HOLLYWOOD, FL 33024	Name and Title:  Address:  Name and Title:  Address:	

Address		Address:	<del> </del>
		<del>- · · · · · · · · · · · · · · · · · · ·</del>	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	JAMES L BUTLER	<del>-</del>	
Address:	3854 NW 89TH WAY	_	
	HOLLYWOOD, FL 33024	-	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	RANDALL WILLIAMSON		
Address:	4650 SW 47 TERRACE	_	
	DAVIE, FL 33314	_	
	ned as registered agent to accept service of process am fightliar with and accept the appointment as reg		
	Required Signature/Registered Agent		l ' Date
I submit this doc	sument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false it as provided for in \$ \$17.155. F.	nformation submitted in a S
Randal	Required Signature/Incorporator		7/21/14 Date
			FILED  14 JUL 28 AM 9: 13  SECRETARY OF STATE TALLAHASSEE, FLORIDA

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