

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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17 SEP -6 PM 3:22

FLORIDA PROFIT/NON PROFIT CORPORATION
SEAHORSE-CAPT. VINNY SANGERMANO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

14 SEP - 4 PM 4:56

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9/4/2014

PAGE 01/04

CORP USA

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COVER LETTER

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

SUBJECT: SEAHORSE - CAPT. VINNY SANGERMANO, 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: PAUL LEADEN CPA
Name (Printed or typed)
5979 NW 151ST STREET #110
Address
MIAMI LAKES, FL 33014
City, State & Zip
305-558-1640
Daytime Telephone number
PAUL@LEADENCPA.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: SEAHORSE - CAPT. VINNY SANGERMANO, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1329 DUNCAN STREET
Key West, FL 33040
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: BOAT ECOTOURISM, ETC.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>VINICIO SANGERMANO, PRESIDENT</u>	Name and Title: _____
Address: <u>1329 DUNCAN STREET</u>	Address: <u>N/A</u>
<u>KEY WEST, FL 33040</u>	_____
_____	_____
Name and Title: <u>N/A</u>	Name and Title: <u>N/A</u>
Address: _____	Address: _____
_____	_____
Name and Title: <u>N/A</u>	Name and Title: <u>N/A</u>
Address: _____	Address: _____
_____	_____

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DIVISION OF REVENUE

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Name and Title: N/A 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: VINICIO SANGEMANO
Address: 1329 DUNCAN STREET
KEY WEST, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VINICIO SANGEMANO
Address: 1329 DUNCAN STREET
KEY WEST FL 33040

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SECTION 147.01, F.S.
DIVISION OF CORPORATE FILINGS

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.

[Signature]
Required Signature/Registered Agent

8/30/14
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.817.135, F.S.

[Signature]
Required Signature/Incorporator

8/30/14
Date