P140001039

(R	equestor's Name)	
(A	ddress)	
		1
(A	ddress)	
(C	ity/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

Inc.	
TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
cles of incorporation and	a check for:
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
Status ADDITIONAL COPY REQUIRED	
	TE NAME – MUST INCLU acles of incorporation and □ \$78.75 Filing Fee & Certified Copy

850-231-5450 Daytime Telephone number

City, State & Zip

Address

toddb@seagroveglass.com
E-mail address: (to be used for future annual report notification)

Santa Rosa Beach, FL 32459

5297 E. Co. Hwy. 30A

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)

ricle I NA name of the corpor	ME Original Companie	s Inc.		· / · · · · · · · · · · · · · · · · · ·
* *	INCIPAL OFFICE Principal street address	M AL	ailing address, fildi	figurest is:
inta Rosa I	Beach, FL 32459		J. C. CLI	IR _{III} .
TICLE III PUI purpose for which	RPOSE the corporation is organized is:	nd online s	ales of mer	chandise.
	7.2.2.0.2.1.0.1			
	f stock is: 1000 TIAL OFFICERS AND/OR DIRECTOR			
number of shares o FICLE V IN Name and Tit	r _{stock is:} 1000 TIAL OFFICERS AND/OR DIRECTOR: le: Todd D. Brown President	Name and Title:_		
number of shares o	TIAL OFFICERS AND/OR DIRECTOR: Todd D. Brown President 5297 E. Co. Hwy. #201 Santa Rosa Beach, FL 32459			
number of shares of the shares of the share and Tite Address	TIAL OFFICERS AND/OR DIRECTOR Le: Todd D. Brown President 5297 E. Co. Hwy. #201	Name and Title:_ Address:		
number of shares of the shares of the share and Tite Address	TIAL OFFICERS AND/OR DIRECTORS Le: Todd D. Brown President 5297 E. Co. Hwy. #201 Santa Rosa Beach, FL 32459	Name and Title:_ Address: Name and Title:_		
number of shares of the result	TIAL OFFICERS AND/OR DIRECTORS Le: Todd D. Brown President 5297 E. Co. Hwy. #201 Santa Rosa Beach, FL 32459	Name and Title:_ Address: Name and Title:_		
Name and Titl Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS Le: Todd D. Brown President 5297 E. Co. Hwy. #201 Santa Rosa Beach, FL 32459	Name and Title:_ Address: Name and Title:_ Address:		

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of Todd D. Brown	the registered agent is:
Name: Address:	5297 E. Co. Hwy. 30A	
Address.	Santa Rosa Beach, FL 32459	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Todd D. Brown	
Address:	5297 E. Co. Hwy. 30A	
	Santa Rosa Beach, FL 32459	
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
M	(X) M	October 30,2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
MA	1) M _	October 30, 2014
	Required Signature/Incorporator	Date

COVER LETTER

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

SUBJECT: Orig	ginal Companies (PROPOSED CORPORA	Inc. Ate name – <u>must incli</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	odd D. Brown		
	Nam 297 E. Co. Hwy.	e (Printed or typed)	

Daytime Telephone number

Santa Rosa Beach, FL 32459

toddb@seagroveglass.com
E-mail address: (to be used for future annual report notification)

850-231-5450

City, State & Zip

NOTE: Please provide the original and one copy of the articles.