

P140000A1200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

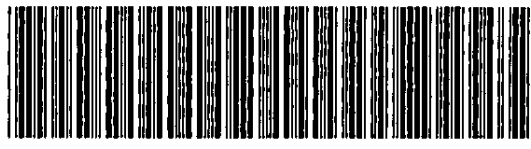
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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14 17 17 AM 9:03

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NOV 20 2014
S. GILBERT

COVER LETTER

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

SUBJECT: SEABREEZE NURSERIES 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: DEREK BATKE
Name (Printed or typed)

16521 AMAZON LN
Address

FT MYERS, FL 33908
City, State & Zip

239-560-1422
Daytime Telephone number

seabreezenurseries@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)

14 NOV 17 AM 9:03

ARTICLE I NAME
The name of the corporation shall be: SEABREEZE NURSERIES INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: _____

16541 AMAZON LN
FORT MYERS FL 33908

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEREK BATKE, PRES Name and Title: _____
Address: 16521 AMAZON LN Address: _____
FORT MYERS FL 33908

Name and Title: JUSTEN DOBBS, VP Name and Title: _____
Address: 16937 WINDCREST DR Address: _____
FORT MYERS FL 33908

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

(cont.)

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: DEREK BATKE
Address: 16541 AMAZON LN
FORT MYERS FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: DEREK BATKE
Address: 16541 AMAZON LN
FORT MYERS FL 33908

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

11/11/14
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

11/11/14
Date