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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 14 PM 3:40

TC 01/16/15

COVER LETTER

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

SUBJECT: SEA-N-DOUBLE 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: SEA-N-DOUBLE
Name (Printed or typed)

737 Pinellas Bayway #105

Address

Tierra Verde, FL 33715

City, State & Zip

727-244-0020

Daytime Telephone number

Les215@aol.com

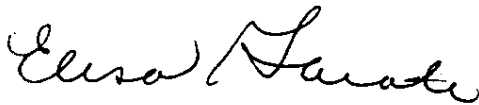
E-mail address: (to be used for future annual report notification)

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

1/5/2015

To Whom It May Concern

I have no intention of reinstating the old name and releasing the name to be filed as a new corporation.

A handwritten signature in cursive script, appearing to read "Elisa Garate".

Elisa Garate, President
Sea-N-Double Inc

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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: SEA-N-DOUBLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

737 Pinellas Bayway #105

Tierra Verde, Fl 33715

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100,000 @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elisa Garate, President

Name and Title: _____

Address 737 Pinellas Bayway #105

Address: _____

Tierra Verde, Fl 33715

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Elisa Garate
Address: 737 Pinellas Bayway #105
Tierra Verde, FI 33715

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elisa Garate
Address: 737 Pinellas Bayway #105
Tierra Verde, FI 33715

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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

Elisa Garate

Required Signature/Registered Agent

1/5/2015

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.

Elisa Garate

Required Signature/Incorporator

1/5/2015

Date