

From: P150000185483001/003
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SEASHELLS BY THE SEA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
15 JAN 23 AM 11:05
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TALLAHASSEE, FLORIDA

From:

01/23/2015 09:11

#681 P.002/003

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: SEASHELLS BY THE SEA INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5320 SW 117 TERRACE
COOPER CITY, FL 33330

Mailing address, if different is

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: RENTALS

ARTICLE IV SHARES 200
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISA KALLOO, PRESIDENT

Address: 5320 SW 117 TERRACE
COOPER CITY, FL 33330

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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#681 P.003/003

(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: LISA KALLOO
Address: 5320 SW 117 TERRACE
COOPER CITY, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LISA KALLOO
Address: 5320 SW 117 TERRACE
COOPER CITY, FL 33330

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

Lisa Kalloo

Required Signature/Registered Agent

1/23/2015
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.817.135, F.S.

Lisa Kalloo

Required Signature/Incorporator

1/23/2015
Date