

P15000027605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

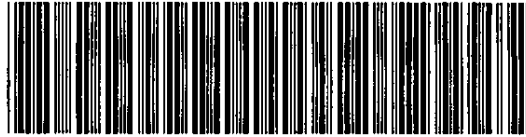
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/23/15--01010--020 **78.75

FILED
15 MAR 23 AM 9:04
STATE CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **SEUS Services, 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: **Mark Canal**

Name (Printed or typed)

13762 West State Road 84, #233

Address

Davie, FL 33325

City, State & Zip

954-914-2023

Daytime Telephone number

markcanal19@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)

ARTICLE I NAME

The name of the corporation shall be: SEUS Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13762 West State Road 84

#233

Davie, FL 33325

ARTICLE III PURPOSE

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

ARTICLE IV SHARES 1,000

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Bianchi, P

Name and Title: _____

Address 13762 West State Road 84

Address: _____

#233

Davie, FL 33325

Name and Title: Mark A Canal, T

Name and Title: _____

Address 13762 West State Road 84

Address: _____

#233

Davie, FL 33325

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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15 MAR 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

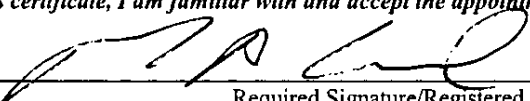
Name: Mark A Canal
Address: 13762 West State Road 84, #233
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

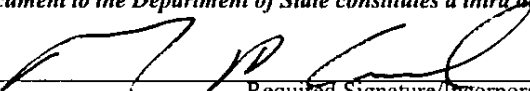
Name: Mark A Canal
Address: 13762 West State Road 84, #233
Davie, FL 33325

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

3-16-15
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

3-16-15
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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