

P1500 0037234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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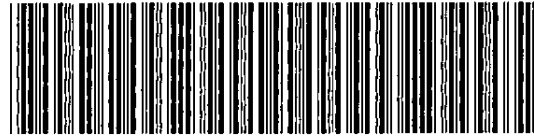
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**GOMES & MONTEIRO**  
ATTORNEYS AT LAW  
41-51 WILSON AVENUE, SUITE 2C  
P.O. BOX 5159  
NEWARK, NEW JERSEY 07105

RICHARD A. GOMES  
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CARLOS A. MONTEIRO  
cmont@gmlawnj.com

TEL: (973) 344-2332

FAX: (973) 344-8226

April 15, 2015

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: Seadrink II, Inc.**

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Articles of Incorporation with regards to the above referenced matter. Also, enclosed please find a check in the amount of \$78.75 representing payment of your filing fee.

Kindly file same and return a copy marked "filed" in the self-addressed stamped envelope provided for your convenience.

Should you have any questions, please feel free to contact me at my office.

Very truly yours,



Carlos A. Monteiro

CAM/lp  
Encl.

## COVER LETTER

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

**SUBJECT:** Seadrink II, 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:** Carlos A. Monteiro  
Name (Printed or typed)  
41-51 Wilson Avenue, PO Box 5159  
Address  
Newark, New Jersey 07105  
City, State & Zip  
973-344-2332  
Daytime Telephone number  
cmont@gmlawnj.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: Seadrink II, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

839 W. Sample Road  
Deerfield Beach, Florida 33064

Mailing address, if different is:

574 Ferry Street  
Newark, New Jersey 07105

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The sale of alcohol

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Antonio Seabra, President Name and Title: \_\_\_\_\_

Address: 574 Ferry Street Address: \_\_\_\_\_

Newark, New Jersey 07105 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(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: Webber Lamounier  
Address: 1600 S. Powerline Road  
Deerfield Beach FL 33442

**ARTICLE VII INCORPORATOR**

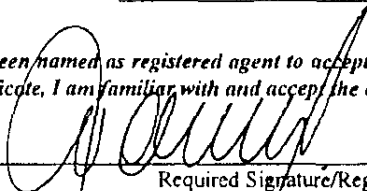
The name and address of the Incorporator is:

Name: Carlos A. Monteiro  
Address: 41-51 Wilson Avenue, Suite 2C  
Newark NJ 07105

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TALLAHASSEE, FLORIDA

*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*

x

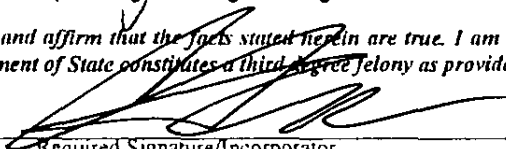


Required Signature/Registered Agent

04/19/15

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

4/15/15

Date