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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	





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TO CEIVE

15 SEP 24 PH 4: 42

COVER LETTER

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

SUBJECT: STM Seadled	2 Inc	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
□ \$70.00 □ \$78.75	\$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
1		& Certificate of Status
	ADDITIONAL CO	
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()	Mark	
FROM: Queneller P.	(Printed or typed)	
110	TERPANCE	
9126 NW 3L	TERRANCE	<u></u>
A ^t	ddress	
Comments &	. 27/26	•
Gunaville El	<u>G. 32605</u> State & Zip	
	. •	
352.2B-9346	lenhone number	

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)

	nation shall be:	57M	Seasli	001 2					
RTICLE II PRINCIPAL OFFICE Principal street address			М	ailing	address, i	f different is:	1		
126 100	344		_			_			
Lunesville	2 Fla. 32	2605	_						
•			_						
TICLE III PU	RPOSE								
purpose for which	the corporation is	organized is:	·			- <u></u>		 -	
X WWW.	Restue	ans				~ 	***************************************		
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	7							-	
TICLE IV SP									
number of shares	of stock is:	S AND/OR DI	RECTORS _	CFO	٠				
number of shares TICLE V IN Name and Ti	of stock is:	S AND/OR DE	RECTORS NELL P ARL Nan	ne and Title:_				-	
number of shares	ntial officer:	S AND/OR DE	RECTORS MELL F ARL Nan Herr Add	ne and Title:_	•		The second secon	55 <u>%</u>	
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Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT accontable) of the registered agent is:			
Name: Queneller Cl	Arc.			
Address: 4126 PW 3	yu tece			
Chunaville a	. 32605			
ARTICLE VII INCORPORATOR			र क्ष	يبي
The <u>name and address</u> of the Incorporator is:			22	
Name: Quenelle Cl Address: <u>MD610003</u>	acc	7H ⊥1	- PB - [
Address: Mobile			21:12	ş ent
Having been named as registered agent to accept so this certificate, I am familiar with and accept the ap	ervice of process for the above stated corporation pointment as registered agent and agree to act in	on at the place desi n this capacity	gnated in	
Required Signature/Regist	tered Agent	9/24/20 Date	215_	
I submit this document and affirm that the facts st document to the Department of State constitutes a th			uitted in a	
Required Signature/Inco	orporator	9/24/ Date	2015	