

P15000083270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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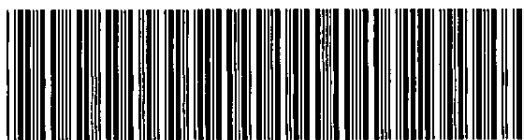
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 09 2015  
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15 OCT -9 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: SEYACSEL INCORPORATED  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: ALPHONSE S. LADSE  
Name (Printed or typed)

1319 ANGLERS LANE  
Address

LUTZ FL 33548  
City, State & Zip

(813) 451-4714  
Daytime Telephone number

SILUCE@JUND.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: SEYACSEL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1319 ANGLERS LANE  
LUTZ FL 33548

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO DESIGN, MANUFACTURE,  
AND SERVICE HIGH-TECH EQUIPMENT AND  
PRODUCTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

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

Name and Title: ALPHONSE LAROSE, PRESIDENT Name and Title: GREGORY LAROSE, VICE PRES.

Address: 1319 ANGLERS LANE Address: 1319 ANGLERS LANE  
LUTZ FL 33548 LUTZ FL 33548

Name and Title: ROSE M. LAROSE, TREASURER Name and Title: \_\_\_\_\_

Address: 1319 ANGLERS LANE Address: \_\_\_\_\_  
LUTZ FL 33548

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -9 AM 10:39

FILED

APPROVED  
AND  
FILED

(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: ALPHONSE LAROSE  
Address: 1319 ANGLES LANE  
LUTZ, FL 33548

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

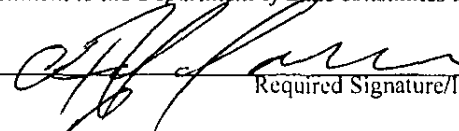
Name: ALPHONSE LAROSE  
Address: 1319 ANGLES LANE  
LUTZ, FL 33548

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

10/9/15  
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

10/9/15  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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