

P16 000045987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

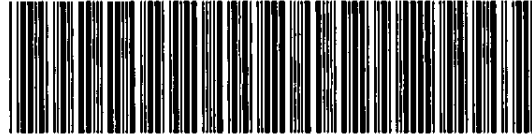
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/30/16--01015--011 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 30 PM 3:33

MJM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2016

SAJI SEILY
P.O. BOX 82967
TAMPA, FL 33682

SUBJECT: SS VISION & LIFESTYLE CO.
Ref. Number: W16000025117

We have received your document for SS VISION & LIFESTYLE CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 516A00006931

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SS VISION & LIFESTYLE, Co.
(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: SAJI SEILY
Name (Printed or typed)
P. O. BOX 82967
Address
TAMPA FL, 33682
City, State & Zip
(813) 465-3191
Daytime Telephone number
ZACK_SEALY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: SS VISION & LIFESTYLE Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address
SS VISION & LIFESTYLE, Co.
14041 N. FLORIDA AVE., SUITE 2
TAMPA FL, 33613

Mailing address, if different is:
SS VISION & LIFESTYLE, Co.
P.O. BOX 82967
TAMPA FL, 33682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAJI SEILY (OWNER)
Address 14041 N. FLORIDA AVE.
SUITE 2
TAMPA FL, 33613

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

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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 **NOT** acceptable) of the registered agent is:

Name: SAJI SEILY
Address: 14041 N. FLORIDA AVE., SUITE 2
TAMPA FL, 33613

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SAJI SEILY
Address: 14041 N. Florida Ave #2
TAMPA FL 33613

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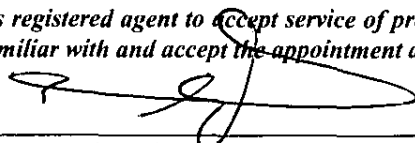
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

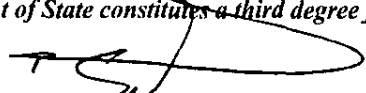
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-25-16
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

3-25-16
Date