

P 16 000054260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

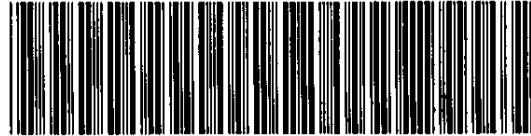
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16 JUN 28 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FL 32301

6/28/16

COVER LETTER

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

SUBJECT: SEAL Logistics 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: Nakia Sapp
Name (Printed or typed)

51 WEST MURIEL ST #1
Address

Orlando FL 32806
City, State & Zip

(407) 557-0169
Daytime Telephone number

SEALlogistics1@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

16 JUN 28 PM 3:52

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 JUN 28 AM 10:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

June 14, 2016

NAKIA SAPP
51 WEST MURIEL STREET
ORLANDO, FL 32806

SUBJECT: SEAL LOGISTICS INC
Ref. Number: W16000042929

We have received your document for SEAL LOGISTICS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 716A00012441

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

SEA Logistics Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

51 West Muriel St #1

Orlando FL 32806

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide warehousing,
distribution and transportation to assist
organizations manage the flow of materials
in there supply chain.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

WAKA SAPP President

Name and Title:

Address

51 West Muriel St #1

Address:

Orlando FL 32806

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: WAKIA SAPP

Address: 51 WEST Muriel St #1
Orlando FL 32806

ARTICLE VII INCORPORATOR

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

Name: WAKIA SAPP

Address: 51 WEST Muriel St #1
Orlando FL 32806

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

WAKIA SAPP
Required Signature/Registered Agent

23 June 2016
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.

WAKIA SAPP
Required Signature/Incorporator

23 June 2016
Date

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CORPORATE SERVICES
TALLAHASSEE, FLORIDA