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COVER LETTER

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

SUBJECT: SEASIDE RESOURCES, 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: JENNIFER S HAWKINS

Name (Printed or typed)

95658 ARBOR LANE

Address

FERNANDINA BEACH, FLORIDA 32034

City, State & Zip

904-321-6309

Daytime Telephone number

HAWKINSJS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

16 JUL - 1 PM 3:51

FILED
SECRETARY OF STATE
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: SEASIDE RESOURCES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

95658 ARBOR LANE

FERNANDINA BEACH, FL 32034

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUSSELL M HAWKINS-PRESIDENT

Name and Title: _____

Address 95658 ARBOR LANE

Address: _____

FERNANDINA BEACH, FLORIDA 32034

Name and Title: JENNIFER S. HAWKINS

Name and Title: _____

Address 95658 ARBOR LANE

Address: _____

FERNANDINA Bch, FL 32034

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL - 1 PM 3:51

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: JENNIFER S HAWKINS

Address: 95658 ARBOR LANE

FERNANDINA BEACH FL 32034

ARTICLE VII INCORPORATOR

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

Name: JENNIFER S HAWKINS

Address: 95658 ARBOR LANE

FERNANDINA BEACH FL 32034

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TALLAHASSEE, FLORIDA
16 JUL - 1 PM 3:51

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2016 (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

Jennifer S. Hawkins
Required Signature/Registered Agent

6/27/16
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.

Jennifer S. Hawkins
Required Signature/Incorporator

6/27/16
Date

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Name and Title: _____

Address 95658 ARBOR LANE

Address: _____

FERNANDINA BEACH, FLORIDA 32034

Name and Title: Jennifer S. Hawkins

Name and Title: _____

Address 95658 ARBOR LANE

Address: _____

FERNANDINA Bch, FL 32034

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name: JENNIFER S HAWKINS _____

Address: 95658 ARBOR LANE _____

FERNANDINA BEACH FL 32034 _____

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Address: 95658 ARBOR LANE _____

FERNANDINA BEACH FL 32034 _____

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