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Florida Department of State
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Email Address: MICHAELENGLARD@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SEATBEATS INC

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SEATBEATS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**9595 COLLINS AVE, UNIT N7-E
SURFSIDE, FL 33154**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MICHAEL ENGLARD
9595 COLLINS AVE, UNIT N7-E
SURFSIDE, FL 33154**

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike
Huntington Sta., NY 11746
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

MICHAEL ENGLARD- PRESIDENT/DIRECTOR
9595 COLLINS AVE, UNIT N7-E
SURFSIDE, FL 33154

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL ENGLARD-9595 COLLINS AVE, UNIT N7-E, SURFSIDE, FL 33154

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of FEBRUARY 2019



MICHAEL ENGLARD
Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SEATBEATS INC

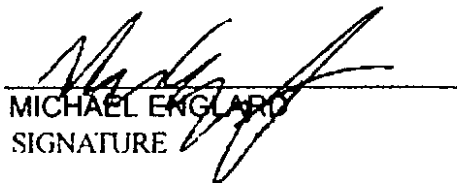
2. The name and address of the registered agent and office is:

MICHAEL ENGLARD
Name

9595 COLLINS AVE, UNIT N7-E
(P.O. Box or Mail Drop Box NOT Acceptable)

SURFSIDE, FL 33154
(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


MICHAEL ENGLARD
SIGNATURE

2/25/2019
(Date)

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