

P2200000006382

Florida Department of State
Division of Corporations
From: Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : PEDRO LUZQUINOS
Account Number : I20170000042
Phone : (954) 655-8413
Fax Number : (954) 432-0807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOIF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SEELUZ CORP

Certificate of Status	0
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T. SCOTT

JAN 04 2022

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COVER LETTER

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

SUBJECT: SEELUZ CORP(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:** DA COSTA, ODELIO FERNANDES

Name (Printed or typed)

9751 SW 1ST PL

Address

BOCA RATON, FL 33428

City, State & Zip

(305) 300-4781

Daytime Telephone number

LIOCOSTA31@GMAIL.COM

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

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

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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: SEELUZ CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

9751 SW 1ST PL

BOCA RATON, FL 33428

Mailing address, if different is:

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DA COSTA, ODELIO FERNANDES (P)

Address: 9751 SW 1ST PL

BOCA RATON, FL 33428

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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JAN 3 2022
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DA COSTA, ODELIO FERNANDES
Address: 9751 SW 1ST PL
BOCA RATON, FL 33428

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DA COSTA, ODELIO FERNANDES
Address: 9751 SW 1ST PL
BOCA RATON, FL 33428

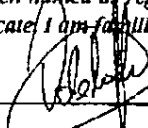
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

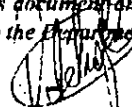


Required Signature/Registered Agent

12/30/2021

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

12/30/2021

Date

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