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Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sea Of Innovation, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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

ARTICLE I NAME The name of the corporat	ion shall be: Sea Of Innovation	, Inc.	
ARTICLE II PRINC		Mailing address, i	f different is:
_14980 East F	alcons Lea Drive		
Davie, FL 333			
ARTICLE III PURPO The purpose for which the		lting	
			e en 10
			(2 -5
<u> </u>			
RTICLE IV SHARE	~		
be number of shares of s	tock is: 1,000		1:27
	J. OFFICERS AND/OR DIRECTORS Jan Solum, President	Name and Title:	
Address	14090 Foot Follows Lee Drive		
	Davie, FL 33331		
-	· _ ·	•	
Name and Title:_		Name and Title.	
Address _		Address:	
_			
Name and Title:		Name and Title	
Address _			
-		-	
		<u> </u>	

Name and	Title:	Name and Title:	
Address		Address:	
		-	
		_	
ARTICLE VI - RI	EGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Jan Solum		
Address:	14980 East Falcons Lea Drive	_	n
-	Davie, FL 33331		<u></u>
			1
<u>ARTICLE VII IN</u>	CORPORATOR		ان
The name and addr	ress of the Incorporator is:		P
Name:	Jan Solum		PH 1: 2
Address:	14980 East Falcons Lea Drive	_	27
	Davie, FL 33331	_	
ARTICLE VIII E	FFECTIVE DATE:		
Effective date, if oth	ner than the date of filing: r is listed, the date must be specific and cann	. (OPTIONAL)	
filing.)	is usted, the date must be specific and cann	ot be more than five days pri	or or 90 days after the
Note: If the date insthe document's effect	serted in this block does not meet the applicable ctive date on the Department of State's records	e statutory filing requirements,	this date will not be listed as
Having been named certificate, I am fam	as registered agent to accept service of process itigs with and accept the appointment as registe	for the above stated corporation red agent and agree to act in th	at the place designated in this is capacity.
	<u> </u>	<u> </u>	08/29/2022
\lor	Required Signature/Registered Agent		Date
submit this docum	ent and affirm that the facts stated herein are artment of State constitutes a third degree felor	r true. I um aware that the fuls ny as provided for in s.817.155,	se information subscitted in a F.
I last			08/29/2022
(equired Signalur)	ricorporator	ate	