

P22000076024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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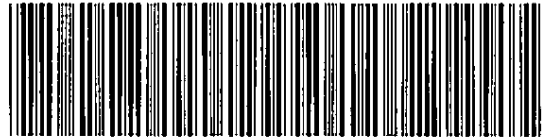
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/22--01003--002 **70.00

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2022 OCT -4 PM 3:47

2022 OCT -4 PM 4:35

CLERK OF COURT

CLERK OF COURT
TALLAHASSEE, FL 09107

D. O'KEEFE

OCT -4 2022

COVER LETTER

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

SUBJECT: SCANDAKO CORPORATION
(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: ROBERT PRABANNE
Name (Printed or typed)

2800 N ALA Suite 601
Address

Hutchinson Island FL 34949
City, State & Zip

646 322 6767
Daytime Telephone number

PRABANNE I @ MTC. com
E-mail address: (to be used for future annual report notification)

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: SEANDAK FL Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2800 N A1A #601

Hutchinson Island FL 34949

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~Photography~~ Photographic Artwork

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ROBERT TABANE

Name and Title:

@Audia Bank

Address

2800 N A1A Suite 601
Hutchinson Island
FL 34949

Address:

2800 N A1A #601
Hutchinson Island
FL 34949

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2022 OCT 4 PM 4:00
JACQUELINE M. C. A.
TALLAHASSEE, FL 32301

FILED

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:

Address:

ROBERTO RAMIREZ
2800 N ALA Suite 601
N Hutchinson Island 34949

2022 OCT -4 PM 4:36
DEPARTMENT OF STATE
TALLAHASSEE, FL 32301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

ROBERTO RAMIREZ
2800 N ALA Suite 601
N Hutchinson Island 34949

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/4/22 (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

ROBERTO RAMIREZ
Required Signature/Registered Agent

10/4/22
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.

ROBERTO RAMIREZ
Required Signature/Incorporator

10/4/22
Date