

**P23000009504**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Sea Castle, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2023 FEB -6 PM 1:29  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

FILED

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

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ARTICLE I NAME

The name of the corporation shall be, Sea Castle, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
4916 26th Street West, Suite 151  
Bradenton, FL, 34207

Mailing address, if different is.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is, Any legal purpose

ARTICLE IV SHARES

The number of shares of stock is, 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title, Andrew Harmon, President

Name and Title, Diane Harmon, Secretary, CFO

Address 4916 26th Street West, Suite 151  
Bradenton, FL, 34207

Address, 4916 26th Street West, Suite 151  
Bradenton, FL, 34207

Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Name and Title \_\_\_\_\_

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. LEGALINC CORPORATE SERVICES INC.  
Address. 476 Riverside Ave  
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name. John Moseley  
Address. 10601 Clarence Dr, Ste 250  
Frisco, TX, 75033


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing. \_\_\_\_\_ (OPTIONAL)

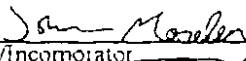
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

<u></u>	<u>2/3/2023</u>
Required Signature/Registered Agent	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*

<u></u>	<u>2/3/2023</u>
Required Signature/Incorporator	Date

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