## P23000084418

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

the Rander's Renting a Thomasure GA ACC

SEACOAST CONSULTIN	NG SERVICES INC.	
Please Debit FCA0000000003	3 For: 70	
	7 ror. 10	
Thank you Seth Neeley		
Att 1/2/		Art of Inc. File
		LTD Partnership File
•		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
	} -	Art, of Amend, File
	-	RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
	-	Cert. Copy
	-	Photo Capy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
	-	Corp Record Search
,		Officer Search
		Fictitious Search
Dela Single		Fictitious Owner Search
Signature		Vehicle Search
<del>-</del>		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name Date	e Time	UCC 11 Retrieval
Walk-In Will	Pick Lin	Courier

## **COVER LETTER**

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

SUBJECT: SEAC	OAST CONSULTING SERVICES I	NC.		
30B0EC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED	
FROM: _	LEX D. SIRULNIK, P.A. Nam	e (Printed or typed)		
21	99 PONCE DE LEON BOULEVAR	D, SUITE 301		
_		Address		
C	DRAL GABLES, FL 33134			
	City	, State & Zip	_	
30	5-443-7211			
	Daytime Telephone number			
DI	DJS@SIRULNIKLAW.COM			
	E-mail address: (to be use	d 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)

Principal street address  Mailing address, if differe 6355 NW 36TH STREET  SUITE 501  MIAMI, FL 33166  MIAMI, FL 33166  CLE III PURPOSE Typose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS  ANY AND ALL LAWFUL BUSINESS  LE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  GEORGE ABADIE, PRESIDENT Address  SUITE 501  MIAMI, FL 33166  Name and Title:  Address  Address:  Name and Title:  Address  Address:  Name and Title:  Address  Address:  Name and Title:  Address  Name and Title:  Address  Address:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address:	incipal street address  Sufferent is: 6355 NW 36TH STREET  SUITE 501  MIAMI, FL 33166  E corporation is organized is: ANY AND ALL LAWFUL BUSINESS  Ck is: 100  OFFICERS AND/OR DIRECTORS  EORGE ABADIE, PRESIDENT  Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:		SEACOAST CONSULTIN ration shall be:  VCIPAL OFFICE		
E 501 SUITE 501  MI, FL 33166 MIAMI, FL 33166  CLE III PURPOSE  urpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS  CLE IV SHARES IDO IDDITIONAL OFFICERS AND/OR DIRECTORS  Name and Title: GEORGE ABADIE, PRESIDENT IDDITIONAL OFFICERS AND/OR DIRECTORS  Name and Title: Address  SUITE 501  MIAMI, FL 33166  Name and Title: Name and Title: Address: Address:  Name and Title: Address Address: Ad	SUITE 501  MIAMI, FL 33166  E corporation is organized is:  ANY AND ALL LAWFUL BUSINESS  Ck is: 100  DEFICERS AND/OR DIRECTORS  EORGE ABADIE, PRESIDENT Name and Title:  JITE 501  IAMI, FL 33166  Name and Title:  Address:  Address:  Name and Title:  Address:		Principal street address	Mailing addr	ess, if different is:
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		CLE V INITA  Name and Tita  Address  Name and Tita  Address	of stock is:    AL OFFICERS AND/OR DIRECTORS	Address:  Name and Title:  Address:  Name and Title:	

Name and Title:		Name and Title:
Address		
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	ALEX D. SIRULNIK, P.A.	
Address:	2199 PONCE DE LEON BLVD., #301	_
	CORAL GABLES, FL 33134	<del>-</del>
RTICLE VII	<u>INCORPORATOR</u>	
he <u>name and a</u>	address of the Incorporator is:	
Name:	ALEX D. SIRULNIK, P.A.	
Address:	2199 PONCE DE LEON BLVD., #301	_
	CORAL GABLES, FL 33134	<del>-</del>
iffective date, it If an effective (	EFFECTIVE DATE:  fother than the date of filing:  date is listed, the date must be specific and cann	. (OPTIONAL) ot be more than five days prior or 90 days after the
ling.) ote: If the date e document's e	e inserted in this block does not meet the applicable iffective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
aving been nai is certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	ess for the above stated corporation at the place designated in Egistered agent and agree to act in this capacity
		12/7/23
	Required Signature/Registered Agent	Date
ubmit this doc cument to the	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	-	12/7/23
Requi	red Signature/Incorporator	Date
	1	

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