

P160000096975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

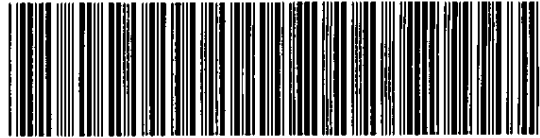
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2016 DEC - 8 AM 10: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
DEC - 9 2016

**COVER LETTER**

**Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT: S Corp Registration to be effective January 1, 2017**

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

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

FILED

CERTIFICATE OF DOMESTICATION

2018 DEC -8 AM 10: 26

The undersigned, Debra Sedor, Officer  
(Name) (Title) SECRETARY OF STATE  
ALLAHASSEE, FLORIDA  
of Sedor Quality Consulting Inc  
(Corporation Name) a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was January 30, 2011.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Sedor Quality Consulting Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Sedor Quality Consulting Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Debra Sedor, of Sedor Quality Consulting Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st day of January, 2017.

X Debra Sedor  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

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**ARTICLE I NAME**

*THE NAME OF THE CORPORATON SHALL BE:*

Sedor Quality Consulting Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

341 Herndon St

341 Herndon St

Sebastian FL 32958-4229

Sebastian FL 32958-4229

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Consulting

**ARTICLE IV    SHARES**    10,000  
*THE NUMBER OF SHARES OF STOCK IS:* \_\_\_\_\_

**ARTICLE V    INITIAL DIRECTORS AND/ OR OFFICERS**  
*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Title/Name	Title/Name
<b>Debra Sedor</b>	_____
<b>341 Herndon St</b>	_____
<b>Sebastian FL 32958-4229</b>	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

Title/Name	Title/Name
_____	_____
_____	_____
_____	_____

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Debra Sedor

341 Herndon St

Sebastian FL 32958-4229

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Debra Sedor

341 Herndon St

Sebastian FL 32958-4229

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

X Debra Sedor  
Signature/Registered Agent

01/01/2017  
Date

Debra Sedor  
Signature/Incorporator

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA