

P040000119743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

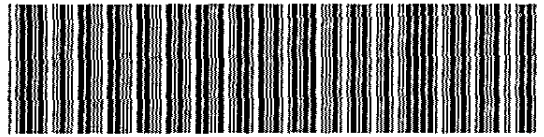
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100040258381

08/18/04--01014--002 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 18 PM 12:18

## TRANSMITTAL LETTER

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

SUBJECT: SEDACO, INC  
(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: SEDACO Inc  
Name (Printed or typed)  
5624 Cagle Rd  
Address  
Jacksonville, FL 32216  
City, State & Zip  
904 737 5558  
Daytime Telephone number

**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:

SEDACO, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5624 CAGLE RD, JACKSONVILLE, FL 32216

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LOUNGE

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SEYMOUR COHN PRESIDENT 5624 CAGLE RD, JACKSONVILLE, FL 32216

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SEYMOUR COHN 5624 CAGLE RD, JACKSONVILLE, FL 32216

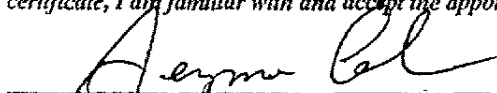
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

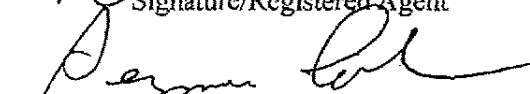
SEYMOUR COHN 5624 CAGLE RD, JACKSONVILLE, FL 32216

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

AUG-16, 04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

AUG-16, 04  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 18 PM 12:18