

P13000080732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

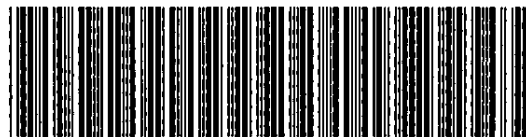
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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13 SEP 30 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
10/1/13

## COVER LETTER

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

SUBJECT: **SGP Financial Co., 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **SGP Financial Co., Inc**

Name (Printed or typed)

**164 Sand Pine Circle**

Address

**Sanford, Florida 32773**

City, State & Zip

**407 470-5378**

Daytime Telephone number

**hughpcazel@yahoo.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: SGP Financial Co., Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

164 Sand Pine Circle

Sanford, Florida 32773

Mailing address, if different: 13 SEP 30 PM 3:15

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To undertake any endeavor the principals may  
decide in which to participate.

**ARTICLE IV SHARES**

The number of shares of stock is: One Million

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hugh P. Cazel—President

Address: 164 Sand Pine Circle  
Sanford, Florida 32773

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**13 SEP 30 PM 3:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

**Hugh P. Cazell**

Address: \_\_\_\_\_

**164 Sand Pine Circle**

**Sanford, Florida 32773**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

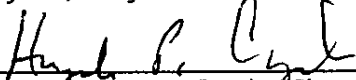
**Hugh P. Cazell**

Address: \_\_\_\_\_

**164 Sand Pine Circle**

**Sanford, Florida 32773**

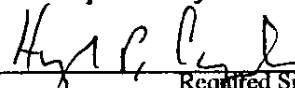
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent  
**HUGH P. CAZELL**

**September 25, 2013**

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator  
**HUGH P. CAZELL**

**September 25, 2013**

\_\_\_\_\_  
Date