

P16000007424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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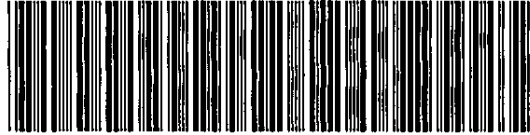
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 19 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. Gungor JAN 27 2016

COVER LETTER

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

SUBJECT: SEGE MANAGEMENT AND FUNDING 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: ALEXANDER J MURIELLO

Name (Printed or typed)

PO BOX 470252

Address

CELEBRATION, FLORIDA 34747

City, State & Zip

407-300-5051

Daytime Telephone number

SEGEMGMT@HOTMAIL.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: SEGE MANAGEMENT AND FUNDING INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

320 E DAKIN AVE

PO BOX 470252

KISSIMMEE, FL 34741

CELEBRATION, FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS LENDING, HOME LENDING,
PROPERTY INVESTMENTS, PROPERTY MANAGEMENT, FINANCE ADVISORY.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER J MURIELLO Name and Title: _____

Address: PRESIDENT/OWNER Address: _____

320 E DAKIN AVE

KISSIMMEE, FL 34741

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ALEXANDER J MURIELLO
Address: 320 E DAKIN AVE
KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Alexander J. Muriello

Name: SEGE MANAGEMENT AND FUNDING
Address: 320 E DAKIN AVE
KISSIMMEE, FL 34741

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

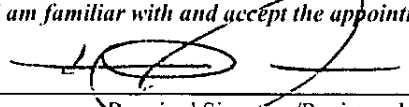
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 30 business 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

 JANUARY 08, 2016
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.

 JANUARY 08, 2016
Required Signature/Incorporator Date
Alexander J. Muriello