

P/6000078239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

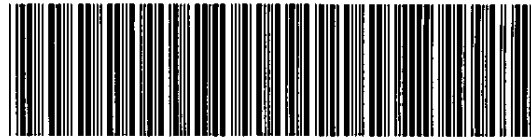
(Business Entity Name)

(Document Number)

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

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09/23/16--01022--004 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 23 AM 11:20

EFFECTIVE DATE 09/20/16

09/26/16

## COVER LETTER

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

SUBJECT: SEP Services Incorporated.  
(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: Corey Schwartz  
Name (Printed or typed)

2517 NW 21st Ave  
Address

Cape Coral, FL 33993  
City, State & Zip

(239)-745-0336  
Daytime Telephone number

SEP239@outlook.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: SEP Services Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2517 NW 21<sup>ST</sup> Ave  
Cape Coral, FL, 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Painting  
Services and engage in any other Lawful  
Activity for which Corporations May be  
Incorporated in this State.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angeles Schwartz Name and Title: \_\_\_\_\_

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

2517 NW 21<sup>ST</sup> Ave  
Cape Coral, FL, 33993

Name and Title: Corey Schwartz Name and Title: \_\_\_\_\_

Address: Vice President Address: \_\_\_\_\_

2517 NW 21<sup>ST</sup> Ave  
Cape Coral, FL, 33993

Name and Title: Marvin Byerly Name and Title: \_\_\_\_\_

Address: Director of Operations Address: \_\_\_\_\_

703 SE 47<sup>TH</sup> ST APT 2  
Cape Coral, FL, 33904

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DIVISION OF CORPORATIONS  
16 SEP 23 AM 11:20

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:

Angeles Schwartz

Address:

2517 NW 21ST AVE

CAPE CORAL, FL, 33993

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

Corey Schwartz

Address:

2517 NW 21ST AVE

CAPE CORAL, FL, 33993

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16 SEP 23 AM 11:20

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/20-2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 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*

Angeles Schwartz

Required Signature Registered Agent

9/20/16

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.*

Corey Schwartz

Required Signature Incorporator

9/20/2016

Date