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06/09/17--01026--005 \*\*70.00

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D O'KEEFE

JUN 13 2017

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

MATT SEDGWICK 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: \_\_\_\_\_

MATT SEDGWICK

Name (Printed or typed)

18200 E. Apshawa Rd.

Address

Clermont, FL 34715

City, State & Zip

(352) 217-8313

Daytime Telephone number

\_\_\_\_\_  
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:

MATT SEDGWICK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18200 E. Apshawa Rd.

Clermont, FL 34715

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawfull purpose

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MATT SEDGWICK

Name and Title:

PRESIDENT

Address

18200 E. Apshawa Rd.  
Clermont, FL 34715

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: MATT SEDGWICK

Address: 18200 E. Ashlan Rd.  
Clermont, FL 34715

**ARTICLE VII INCORPORATOR**

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

Name: MATT SEDGWICK

Address: 18200 E. Ashlan Rd.  
Clermont, FL 34715

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5-22-17 (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*

[Signature]  
Required Signature/Registered Agent

5/23/17  
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.*

[Signature]  
Required Signature/Incorporator

5/23/17  
Date