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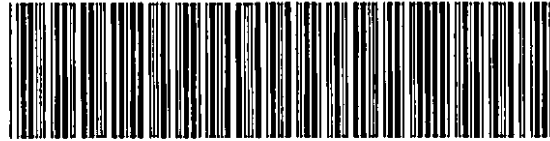
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2018 SEP 25 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SEDIA GROUP 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: Julia Greenberg - Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

sediagroup@gmail.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: SEDIA GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15 VAUGHAN MILLS ROAD

WOODBIDGE, ONTARIO CANADA L4H 1C8

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide high end cabinetry/smart furnishings.

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AZZAM TAWACHI - President

Address: 15 VAUGHAN MILLS ROAD

WOODBIDGE, ONTARIO

CANADA L4H 1C8

Name and Title: AZZAM TAWACHI - Vice President

Address: 15 VAUGHAN MILLS ROAD

WOODBIDGE, ONTARIO

CANADA L4H 1C8

Name and Title: AZZAM TAWACHI - Secretary

Address: 15 VAUGHAN MILLS ROAD

WOODBIDGE, ONTARIO

CANADA L4H 1C8

Name and Title: AZZAM TAWACHI - Treasurer

Address: 15 VAUGHAN MILLS ROAD

WOODBIDGE, ONTARIO

CANADA L4H 1C8

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Incorp Services, Inc _____

Address: 17888 67th Court North _____

Loxahatchee, FL 33470 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jomark Reyes _____

Address: 1 Radisson Plaza, Ste.800 _____

New Rochelle, NY 10801 _____

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 days prior or 90 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

Required Signature/Registered Agent

09/19/2018

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

04/09/2018

Date