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| (City | //State/Zip/Phone | ⊋#) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Bus | siness Entity Nan | ne) | | |
| (5)00 | cument Number) | | | |
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

N. SAMS OCT 1 9 2018



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18 OCT 17 PK 2: 33

Terence N. Thurson

Full Service Accounting Firm 8672 Phillips Highway Jacksonville, FL 32256 Tele: (904) 764-7717 Fax: (904) 652-0365

Email: <u>tntrlt1@bellsouth.net</u>
Web: <u>thursonaccounting.com</u>

October 3, 2018

RE: P09000088456

Seddiq & Sons, Inc. Attn: Seddiq Mustafa 1910 Wells Rd Ste 351

Orange Park, FL 32073

To Whom This May Concern,

The above referenced individual Mr. Seddiq Mustafa is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a corporation but with the same name.

Very Truly Yours,

Terence N Thurson

Seddiq Mustafa - President

COVER LETTER

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

| SUBJECT: SEDDIC | Q & SONS, INC. | | |
|----------------------|--|-------------------------------------|-------------------------|
| SODSECT. | (PROPOSED CORPORA | ATE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation an | d a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | | ADDITIONAL CO |)PY REQUIRED |
| FROM: | | e (Printed or typed) | |
| 191 | 0 WELLS RD #351 | | |
| | | Address | |
| OR | ANGE PARK, FL 32073 | | |
| | City | , State & Zip | |
| 904 | -524-6480 | | |
| | Daytime 1 | Telephone number | |
| SEC | DDIQMUSTAFA@YAHOO.COM | | |
| | F-mail address: (to be use | d 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)

| The name of the corpor | E SEDDIQ & SONS, INC | C. | |
|--|--|-------------------------------------|------------|
| ARTICLE II PRIN | CIPAL OFFICE Principal <u>street</u> address | Mailing address, if different | s: |
| 1910 WELLS RD #3 | 51 | 1910 WELLS RD #351 | |
| ORANGE PARK, FL | | ORANGE PARK, FL 32073 | |
| ARTICLE III PURF The purpose for which | the corporation is organized is: | ND ALL LAWFUL CLOTHES SELLING BUSIN | NESS. |
| | | | |
| | | <u> </u> | 18 007 |
| | AL OFFICERS AND/OR DIRECTORS SEDDIO MUSTAFA - PRESIDENT | - 10kr x | 7 PK 2: 33 |
| Address | 2049 POMPANO PARKWAY ORANGE PARK, FL 32073 | | |
| Name and Title Address | 2: | Address: | |
| Name and Title | : | Name and Title: Address: | |

| Name a | nd Title: | Name and Title: | |
|--------------------|--|--|--------------------------------------|
| Addres | s | Address: | |
| | | | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| Name: | Florida street address (P.O. Box NOT accepta SEDDIQ MUSTAFA | ble) of the registered agent is: | |
| | 2049 POMPANO PARKWAY | | |
| Address: | ORANGE PARK, FL 32073 | | 8 OCT 17 |
| ARTICLE VII | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | . i |
| Name: | SEDDIQ MUSTAFA | | 2: 3 3 |
| Address: | 2049 POMPANO PARKWAY | | $\dot{y}_{ij} = \omega$ |
| Address: | ORANGE PARK, FL 32073 | | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and o | . (OPTIONAl annot be more than five days | L) prior or 90 days after the |
| Note: If the date | inserted in this block does not meet the appli- ffective date on the Department of State's reco | | its, this date will not be listed as |
| | ned as registered agent to accept service of pr am familiar with and accept the appointment | | |
| | 14 | | 10/5/2018 |
| | Required Signature/Registered Agen | : | Date |
| | nument and affirm that the facts stated herein Department of State constitutes a third degree | | |
| A A | | | 10/5/2018 |
| Kegyd | red Signature/Incorporator | · | Date |