P23000052648

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Centificates of Status
Special Instructions to	Filing Officer:





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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	I	PICK UP:	BROOK 7/1 7	_ _	
	CERTIFIED CO	Υ			
XX	РНОТОСОРУ				
	CUS				
XX	FILING	INC			
	TSGC HOLDINGS CORPORATE NAME AND				
(1	CORPORATE NAME AND	DOCUMENT #)			
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PECIAL NSTRUC	ΓΙΟΝS:				
					

COVER LETTER ...

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

SUBJECT:	SGC HOLDINGS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
⊠ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status
FROM:	ROBERT SALTSMAN	(n.i., 1 i i)	
	P.O. BOX 2146	e (Printed or typed)	•
		Address	
	WINTER PARK, FL 327	90	
	City	State & Zip	
	407-647-2899		
_ _	Daytime 1	elephone number	
	JUDY@SALTSMANPA		
	E-mail address: (to be use	d for future annual report r	otification)

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	on shall be: TSGC HOLDINGS, INC.		
<u>ARTICLE II <u>PRINCI</u> 1</u>	IPAL OFFICE Principal <u>street</u> address	۸	Mailing address, if different is:
307 CRANES ROOST			
SUITE 1010			
ALTAMONTE SPRING	SS, FL 32701		
ARTICLE III PURPO	<u>SE</u>		
The purpose for which th	e corporation is organized is: INVESTM	ENTS	<u>,</u>
			<u> </u>
ARTICLE IV SHARE	SS .		
The number of shares of s			
	L OFFICERS AND/OR DIRECTORS		
Name and Title:	HAL ADKINS, DIR, VP	Name and Title:	MICHAEL TOLSON, DIR, PRES, SEC
Address	307 CRANES ROOST BLVD.	Address:	307 CRANES ROOST BLVD.
	SUITE 1010		SUITE 1010
•	ALTAMONTE SPRINGS, FL 32701		ALTAMONTE SPRINGS, FL 32701
		- -	7/27/11/01/12 07 14/400, 12 02/01
Name and Title:	DONNA ADKINS, DIR	Name and Title:	DEBRA TOLSON, DIR
Address	307 CRANES ROOST BLVD.	Address:	307 CRANES ROOST BLVD.
•	SUITE 1010		SUITE 1010
•	ALTAMONTE SPRINGS, FL 32701		ALTAMONTE SPRINGS, FL 32701
•		-	
Name and Title		Name and Title	
			3923
Address _		Address: _	
-			
<u>-</u>		_	

Name and Tit	le:	Name and Title:
Address		Address:
ARTICLE VI REG	I <u>ISTERED AGENT</u> a street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name: N	ICHAEL TOLSON	_
Address: 3	07 CRANES ROOST BLVD., SUITE 1010	_
	ALTAMONTE SPRINGS, FL 32701	_
ARTICLE VII INC	<u>ORPORATOR</u>	
The name and addre	ss of the Incorporator is:	
Name:	MICHAEL TOLSON	_
Address:	307 CRANES ROOST BLVD., SUITE 1010	_
	ALTAMONTE SPRINGS, FL 32701	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	r than the date of filing:	(OPTIONAL) of he more than five days prior or 90 days after the
	rted in this block does not meet the applicable ive date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	is registered agent to accept service of process j iar with and accept the appointment as registe	for the above stated corporation at the place designated in th red agent and agree to act in this capacity
	-M	7-14-2023
	Required Signature/Registered Agent	Date
	nt and affirm that the facts stated herein are riment of State constitutes a third degree felor	e true. I am aware that the false information submitted in ny as provided for In s.817.155, F.S.
		7-14-2023
Required Signature/In	corporator	Date

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