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

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			******()"()) . ******([]_[
SUBJECT:	Seggedbe, Inc.		<u>.</u>	
	(Proposed corpor	ate name - must include suff	îx)	-
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
- 🛛 \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Sam Schreiber Name (Printed or typed)			
	125 Rt. 526		SECRETAL ALLAHA	99 HAY 10
	Address Allentown, NJ 08501 City, State & Zip		ARY OF STATE SSEE, FLORID	LED 10 PM12: 38
	609 208 0800 x 5111 →			

PMS/13/09

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. 99 MAY 10 PM 12: 38

ARTICLE I NAME
TALLAH
The name of the corporation shall be:

Seggedbe, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

125 Rt. 526 Allentown, NJ 08501

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sam Schreiber

7138 SE Walden Pond Court

Stewart, FL 34995

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sam Schreiber

7138 SE Walden Pond Court

Stewart, FL 34995

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date