

P990000 43700

TRANSMITTAL LETTER

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

000002869380--2
-05/10/99-01100-006
*****70.00 *****70.00

SUBJECT: Segluk, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: Sam Schreiber
Name (Printed or typed)
125 Rt. 526
Address
Allentown, NJ 08501
City, State & Zip
609 208 0800 X 5111
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 10 PM 12:38

FILED

Dmc
5/13/99

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

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.

ARTICLE I NAME

The name of the corporation shall be:

Segluk, Inc.

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

5-5-89

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

5-5-89

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA