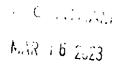
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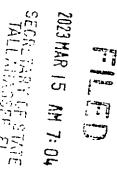
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(Cit	y/State/Zip/Phone	≘#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300403908063





### Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 3/15/2023

**PRIORITY** , Regular Approval

OUR REF # (Order ID#) 1127784

**ORDER ENTITY** 

SEZUMAGA HOLDINGS INCORPORATED

#### PLEASE PERFORM THE FOLLOWING SERVICES: SEZUMAGA HOLDINGS INCORPORATED (FL)

New corp filing

NOTES: \$70.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, March 15, 2023 Page 1 of 1

# **COVER LETTER**

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

SUBJECT: SEZUMAGA HOLDINGS INCORPORATED'
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
■ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Jack Marcus Name:  676 W Pro	(Printed or typed)	d
(954) 566	State & Zip  SS 13  Tephone number  Damail. Co	309 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)

<u>ARTICLE I NAMI</u>	<u> </u>	NO STACE THE	0.000
The name of the corpor	ation shall be: SEZUMAGA	HOLDTHROZ THIO	N LONHIED
<u> ARTICLE II — PRIN</u>	CIPAL OFFICE		
	Principal street address	Mailing ac	ldress, if different is:
13422 MO 43	h Ave		
wiowi-obide	ns, FL 33054		
J			
	=	<del></del>	
ARTICLE III PURE	<u>POSE</u>		
The purpose for which	the corporation is organized is:		
	the corporation is organized is:	Lacanta	
	301-021016-10	0e2111761712	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			12 P
<del></del>			
			1977 E 17
			25 7 0
<u>ARTICLE IV SHAI</u>	RES		m ₽
The number of shares o	f stock is: 100	<del></del> -	
ARTICLE V INTI	AL OFFICERS AND/OR DIRECTORS		
		<b></b>	
Name and 1 it	10: C. Sezumage -PRESIT	ENTName and Title:	
Address	· · · · · · · · · · · · · · · · · · ·		
, , , , , , , , , , , , , , , , , , , ,			<del></del>
	Miami, FL 33054		
			<del></del>
Name and Title	2:	Name and Title:	
Address		Address:	
		<del></del>	
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Name and Title	:	Name and Title:	
Address		Address:	<del></del>
		<del></del>	
		<del></del>	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	*****
			<del> </del>
	***	<del></del>	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptab	• •	
Name:	C. Sezumaga		V;
Address:	13455 NW 47th Ave		TAL.
	Miami, FL 33054	·	ETAR
ARTICLE VII	INCORPORATOR		SSEE.
The name and	address of the Incorporator is:		# # # # # # # # # # # # # # # # # # #
Name:	C. Sezumaga		J.E.
Address:	13455 NW 47th Ave		
	miami, FL 33054		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date. (If an effective	if other than the date of filing:	. (OPTIONAL	) prior or 90 days of
filing.)		and the days p	77 101 01 70 Gays are
Note: If the da the document's	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirementaries.	ts, this date will not
Having been na certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporati istered agent and agree to act in	on at the place desig this capacity
			- 1. 1.1
	C. Sezumaga Required Signulure/Registered Agent		3//4/2 Date
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the f clony as provided for in s.817.15	alse information su 5, F.S.
Required Signal	C. Sezumaga  ure/Incorporator		<sub>ate</sub> 3/14/2

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