

P 15000056984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

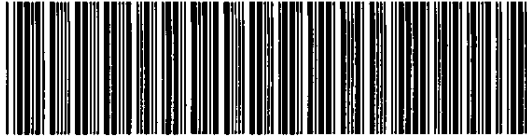
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500274607455

07/02/15--01006--014 \*\*78.75

FILED  
15 JUL -2 PM 3:31  
DEPARTMENT OF STATE  
HARRISBURG, PENNSYLVANIA

*J* 7/8/15

**COVER LETTER**

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

**SUBJECT:** HOWRHU SCOTT ENTERPRISES, INC  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** DIANNE LYNN GRIFFITH, ESQ  
Name (Printed or typed)

2602 52ND ST S  
Address

GULFPORT, FL 33707  
City, State & Zip

(727) 258-7520  
Daytime Telephone number

EDDIE\_AKON@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

15 JUL - 2 PM 3:31  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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)

FILED

**ARTICLE I NAME**  
The name of the corporation shall be: HOWRHU SCOTT ENTERPRISES, INC

15 JUL -2 PM 3:31

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: SECRETARY OF STATE  
PALM BEACH, FLORIDA

1720 26TH AVE N

ST PETERSBURG, FL 33713

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDDIE AKON, PRESIDENT Name and Title: \_\_\_\_\_

Address: 1720 26TH AVE N Address: \_\_\_\_\_

ST PETERSBURG, FL 33713 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DIANNE LYNN GRIFFITH, ESQ  
 Address: 2602 52ND ST S  
GULFPORT, FL 33707

FILED  
 15 JUL -2 PM 3:31  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EDDIE AKON  
 Address: 1720 26TH AVE N  
ST PETERSBURG, FL 33713

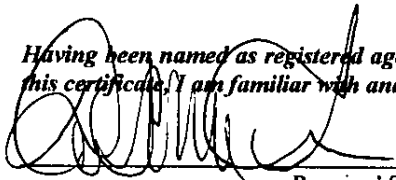
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

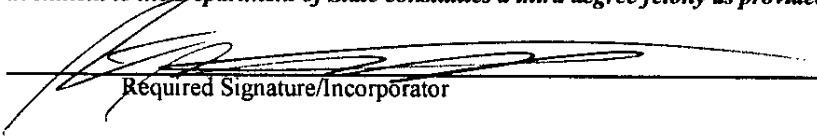
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

6/1/15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

6/1/15  
Date