

509112

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

97 SEP 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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-09/30/97--01063--003
*****87.50 *****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SCS Management Company 509112
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9/30 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 SEP 30 11:11:00
DIVISION OF CORPORATION

Handwritten signature/initials

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
SCS MANAGEMENT COMPANY

FILED
97 SEP 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

SCS MANAGEMENT COMPANY INTERNATIONAL

FIRST: Article 1 is hereby amended to read as follows:

"The name of the Corporation is SCS Management Company International."

SECOND: The date of this amendment's adoption is September 16, 1997.

THIRD: The amendment was approved by the shareholders. The number of votes cast for the amendment were sufficient for approval.

Signed this 16th day of September, 1997

By: Steven Sanford
Steven Sanford, Chairman

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 509112

SCS Management Company
c/o Kantor, Davidoff, Wolfe, Mandelker &
Kass, P.C.
51 East 42nd Street
New York, New York 10017

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-76

5. FEI Number

59-1725420

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for Certificate of StatusCERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Sole Director	Steven Sanford	19 East 67th Street Apt. 1E New York, N.Y. 10021	

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REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

William A. Kass
Kantor, Davidoff & Kass, P.A.
Nationsbank Tower, Suite 500
150 Palmetto Park Rd.
Boca Raton, Florida 33432

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/16/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Officer or Director

Date 9/16/97

Daytime Phone #

Typed or printed name of signing officer or director