

NISOUUDD 1667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

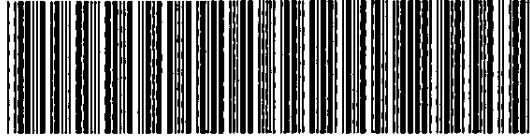
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FEB 17 2015

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15 FEB 11 AM 10:36

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COVER LETTER

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

SUBJECT: **PC Scavengers, 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
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **Maurice LeCointe**

Name (Printed or typed)

Po box 640768

Address

Miami, FL. 33164

City, State & Zip

305-303-9542

Daytime Telephone number

Mlecointe@pcscavengers.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: PC Scavengers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
680 ne 195th street, miami, fl 33179

Mailing address, if different is:
PO Box 640768, Miami, FL 33164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide refurbished computers to various non-profit
and charitable organizations within the community thru ink and toner
recycling programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Directors/Officers will be Board elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maurice LeCointe, President
Address: PO Box 640768
Miami, FL 33164

Name and Title: Lawanda LeCointe, V. President
Address: PO Box 640768
Miami, FL 33164

Name and Title: Michelle Amankwah, Treasurer
Address: PO Box 640768
Miami, FL 33164

Name and Title: Shirley Harvey Gooden, Secretary
Address: PO Box 640768
Miami, FL 33164

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

15 FEB 11 AM 10:37

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:

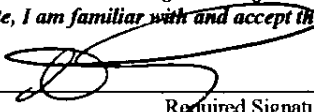
Name: Maurice LeCointe
Address: 680 NE 195th street
Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maurice LeCointe
Address: PO Box 640768
Miami, FL 33164

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 of Registered Agent

2/7/15

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

2/7/15

Date