

N/7000004156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

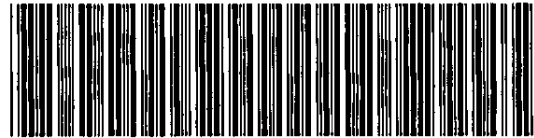
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300297892263

04/14/17--01031--018 \*\*105.00


17 APR 14 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/17/17

4/11/17

Please find enclosed \$105.00 to transfer Scepter Communications Inc. from a for-profit to a Non-profit Corporation. I was instructed to file to dissolve the for profit corporation and simultaneously apply for a non-profit corporation. Enclosed are the forms I was instructed to file.

Thank you

  
Selwyn Walters

FILED  
17 APR 14 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Scepter Communications 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: Selwyn Walters  
Name (Printed or typed)  
561 Pine Court  
Address  
Altamonte Springs, FL 32714  
City, State & Zip  
407-271-2717  
Daytime Telephone number  
dastwalt@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Scepter Communications Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

561 Pine Court  
Altamonte Springs, FL 32714

Mailing address, if different is:

Po Box 160781  
Altamonte Springs, FL  
32716-0781

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The publication of  
Christian Themed books and publications

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

As set forth in the corporate bylaws

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

Pres.  
Name and Title: Selwyn L. Walters Name and Title: \_\_\_\_\_  
Address: 561 Pine Court Address: \_\_\_\_\_  
Altamonte Springs, FL  
32714  
Name and Title: Richard Grey Name and Title: \_\_\_\_\_  
Address: 561 Pine Court Address: \_\_\_\_\_  
Altamonte Springs, FL  
32714  
Name and Title: Anthony Smith Name and Title: \_\_\_\_\_  
Address: 561 Pine Court Address: \_\_\_\_\_  
Altamonte Springs, FL  
32714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR 14 PM 5:01

FILED

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: Selwyn Walters  
Address: 561 Pine Court  
Altamonte Springs, FL  
32714

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Selwyn Walters  
Address: 561 Pine Court  
Altamonte Springs, FL  
32714

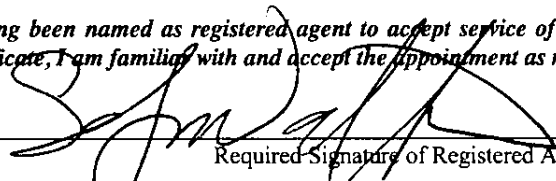
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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 of Registered Agent

4/11/17  
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

4/11/17  
Date