

N17000005169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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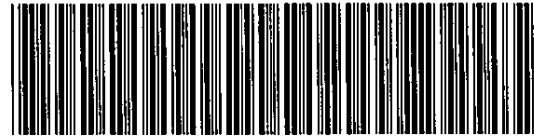
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/17/17

COVER LETTER

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

SUBJECT: SC ~~Institute~~ Inc. Institute 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: SC Institute Inc.
Name (Printed or typed)

6 P.O. Box 350 394 Ft. Lauderdale
Address

Fort Lauderdale FL 33335
City, State & Zip

954 770 9890
Daytime Telephone number

C. Sudan @ gmail.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: SC ~~Institute~~ Institute Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5231 N Dixie hwy
Oakland park FL 33334

Mailing address, if different is:

P.O. Box 350344
Fort Lauderdale FL 33335

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is a company that helps non
profits get started and small business get started by providing paper
work ~~Filing Filing~~ Filing and websites.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: the final vote
comes down to the president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sudaan Carter
Address: 5231 N Dixie hwy
FL lauderdale FL 33334

Name and Title: Tamekia Washington (+)
Address: 2627 Chateau Chateau apt
apt B
Tallahassee, FL 32311

Name and Title: Lanita McGee (S)
Address: 5965 N turtle creek Dr
Fairfield OH 45014

Name and Title: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 16 PM 12:04

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: Sudann Carter

Address: 5231 N DIXIE HWY

Ft. Lauderdale FL 33335

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sudann Carter

Address: P.O. Box 350594

Ft. Lauderdale FL 33335

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

Sudann Carter
Required Signature of Registered Agent

5/13/17
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.

Sudann Carter
Required Signature of Incorporator

5/13/17
Date

RECEIVED
17 MAY 16 PM 12:05
TALLAHASSEE, FLORIDA