

800000021220

TRANSMITTAL LETTER

FILED
00 FEB 24 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: ALMON SCOTT INC.
(Proposed corporate name - must include suffix)

800003146498-7
-02/24/00-01072-002
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALMON J SCOTT
Name (Printed or typed)

1006 SOUTHWARD ST.
Address

KEY WEST FL. 33040
City, State & Zip

305 295 8412
Daytime Telephone number

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

Q. BROWN MAR - 1 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALMON SCOTT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1227 DUVAL ST.
KEY WEST FL. 33040

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ALMON SCOTT
1006 SOUTHARD ST
KEY WEST FL 33040

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ALMON SCOTT
1006 SOUTHARD ST.
KEY WEST FL 33040



Signature Incorporator

2/21/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature Registered Agent

2/21/00

Date