TRANSMITTAL LETTER

PB20000 66087

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

02 JUN 14 AM 9:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SUBJECT:	SCP Mai	RKETING, IN	C ,	
	(PROPOSED CORPORA	TE NAME – <u>MUST'INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (3339 TRI	Printed or typed) ON ST. E. Address		
	,	RROR, FL	34695	
727-463-1190				

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

Daytime Telephone number

3/4

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SCP MARKETING, INC.

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TALEGIE 14 PETS
TALLARIAS SEE STATE
SEC. 5/5/A
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	ARTICLE II	PRINCIPAL	OFFICE
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The principal place of business/mailing address is:

3339 IRWIN ST. E. SAFETYHARBOR FL 34495

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING

ARTICLE IV	SHARES

The number of shares of stock is:

Signature/Incorporator

ONE MILLION AUTHORIZED SHARES.

Date

ARTICLE V INITIAL OFFICERS/DIRECTORS	(optional)
The name(s), address(es) and title(s):	SARA CUTSHALL.
CAROL PURVIS	SAKA COUSTING
3339 IRWIN ST.E.	2269 CURTIS DR. N
0 == 110 PADE EL 34695	0 -00 -0TTO 5 (337/0/
SAFETY HARBOR, FL 34695	CLEARWATER FL 33764
ADDICI E VII DECICTEDED ACENT	\
ARTICLE VI REGISTERED AGENT	- · · · · ·
The <u>name and Florida street address</u> of the registered age	ent is:
CAROL PURVIS	
2229 TRWIN OILE.	····
SAFETY HARBOR, FL. 34695	2
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
1 AROL PURVIS	
3339 IRWIN ST. 5.	
CACTILLIAPADE EC 21/10/25	-
SAFETY HARBOR, FC 34695	*************
Having been named as registered agent to accept service of process for	
certificate, I am familiar with and accept the appointment as registered	
0.0/1.00	1-10-0)
parol puna	6-10-02
Signature/Registered Agent	Date
	(, 0 , 0 0
/ Wish WILL and	(0-10-02