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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: Sco	ott L. Brisco, Inc. (PROPOSED CORPORA)	- TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00	\$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO.	Status PV REQUIRED	
		ADDITIONAL CO.	1 TREQUIRED	
FROM:	Scott L. Brisco	2 -		
Name (Printed or typed) 127 Peninsula Winds				
Ormond Beach, FL 32176				
City, State & Zip				
_	(386) 527-2634	<i>a</i> .	<u> </u>	
Daytime Telephone number				

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

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Scott L. Brisco, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

127 Peninsula Winds, Ormond Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Scott L. Brisco, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Scott L. Brisco

127 Peninsula Winds

Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Scott L. Brisco

127 Peninsula Winds

Ormond Beach, FL 32176

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

Signature/Registered Agent

Date

cc0 n3

Signature/Incorporator

Date