

PO 30000 19199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

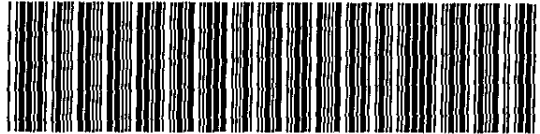
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2003

TRANSMITTAL LETTER

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

SUBJECT: SCOVY, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

From: John Vanscovich
Name (Printed or typed)

P.O. Box 265081
Address

Daytona Beach, FL 32126
City, State & Zip

386-255-0688
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)

ARTICLE I NAME

The name of the corporation shall be:

SCOVY, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 265081
Daytona Beach, FL 32126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Food Concessions Sales

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$.01 per Share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

John Vanscovich

P.O. Box 265081

Daytona Beach, FL 32126

(President)

Sadre Avnscoivich

P.O. Box 265081

Daytona Beach, FL 32126

(Vise President)

Paul Vanscovich

P.O. Box 265081

Daytona Beach, FL 32126

(Vise President)

ARTICLE VI REGISTERED AGENT

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

Kevin Gimenez

2208 N. Atlantic Ave.

Daytona Beach, FL 32118

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Vanscovich

P.O. Box 265081

Daytona Beach, FL 32126

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA