

P03000064436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
03 JUN -9 AM 10:42  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Scott Rods 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: Duncan West  
Name (Printed or typed)

1735 Sandpine Trail  
Address

De Land, FL 32724  
City, State & Zip

386-740-7792  
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:

Scott Rods, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1735 Sandpine Trail  
DeLand, FL 32724

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Custom hot rods

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000 shares at \$1 par

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Duncan S. West, President, CEO  
1735 Sandpine Trail  
DeLand, FL 32724

**ARTICLE VI REGISTERED AGENT**

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

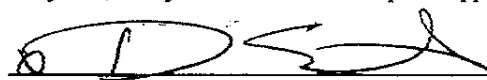
Duncan S. West  
1735 Sandpine Trail  
DeLand, FL 32724

**ARTICLE VII INCORPORATOR**

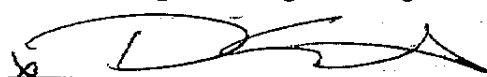
The name and address of the Incorporator is:

Duncan S. West  
1735 Sandpine Trail  
DeLand, FL 32724

\*\*\*\*\*  
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

June 6 - 03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-6-03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA