

P05000110515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

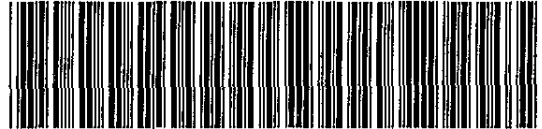
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05 AUG -8 AM 9:09
REC'D
CLERK OF COURT

TRANSMITTAL LETTER

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

SUBJECT: _____

SCOTT T. McCullough, P.A.
(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: _____

SCOTT T. McCullough
Name (Printed or typed)

10451 LONE STAR PLACE
Address

DAVIE FL 33328
City, State & Zip

305-443-1922
Daytime Telephone number

954-801-1536

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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SCOTT T. McCULLOUGH, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10451 LONE STAR PLACE, DAVIE FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAW FIRM

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SCOTT T. McCULLOUGH
10451 LONE STAR PLACE
DAVIE FL 33328
(PRESIDENT)

BETH LEBOFF
10451 LONE STAR PLACE
DAVIE FL 33328
(VICE PRESIDENT)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SCOTT T. McCULLOUGH
10451 LONE STAR PLACE
DAVIE FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT T. McCULLOUGH
10451 LONE STAR PLACE
DAVIE FL 33328

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

Signature/Incorporator

Date