# P05000/3796/

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
<b>,</b>	
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(Document Number)	
Certified Copies Certificates of Status	
Consider the transfer of the Conference of the C	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

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

SUBJECT: Alan Scott Homes,	Inc. rporate name – <u>must include suffix</u> )	<del></del>	- general consistence
,			
Enclosed are an original and one (1) copy of	the articles of incorporation and a check for:	_	
S70.00 \$78.75  Filing Fee Filing Fee & Certificate of State	Status  System of the control of the		
FROM: Mike Selvey		, ··	*
	Name (Printed or typed)		
930 Gulf Shore D	Orive, Unit #5	·	} <del>-*</del>
Destin, FL 32541	City, State & Zip		*
850-685-9712		,	,
<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)

#### ARTICLE I NAME

The name of the corporation shall be:

Aian Scott Homes, Inc.

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TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

930 Gulf Shore Dr., Unit #5 Destin, FL 32541

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New Business - Residential Builders

#### ARTICLE IV SHARES

The number of shares of stock is: 100,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mike Selvey, 930 Gulf Shore Dr., Unit #5, Destin, FL 32541 Jeff Selvey, 130 Durango Rd., Unit #107, Destin, FL 32541

#### ARTICLE VI \_\_\_ REGISTERED AGENT

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

Mike Selvey, 930 Gulf Shore Dr., Unit #5, Destin, FL 32541

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mike Selvey, 930 Gulf Shore Dr., Unit #5, Destin, FL 32541

**************************************	**************************************
certificate I film familial with and accept the appointment as registered	ngent and agree to act in this capacity
Signature/Registered Agent	18 4 8
Signature/Incorporator	Date