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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	Scott Ko	apcar In	ıC.	
(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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Scott Kapcar Name (Printed or typed)  8204 Paso Robles Blvd. Address				
-	772-	State & Zip  166-524 elephone number	34951 15	

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

## Scott Kapcar Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Paso Robles Blvd- Ft. Pierce, FL 39951 **PURPOSE** The purpose for which the corporation is organized is: 'alinting Contractor ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 8204 Paso Robles Blvd. Ft Pierce, FL 34951 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Lindy Kapcar 8204 Paso Robbs Blud Pierce, FL 34951 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 Oll Kange - Scott Kapcar Signature/Registered Agent undu Kapcar - Cindy Kapcar Signature/Incorporator

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

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