

PD6000/10687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

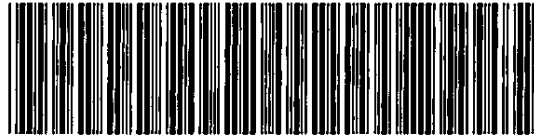
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
8/24

## COVER LETTER

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

**SUBJECT:** S.C.I. Service 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:** Henni Ramirez

Name (Printed or typed)

1115 SW 6th Court

Address

Cape Coral, FL 33991

City, State & Zip

239-634-3653

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:

S.C.I. Service Inc..

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1115 SW 6th Court  
Cape Coral, FL 33991

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Sevices

## **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):

Henni Ramirez  
1115 SW 6th Court, Cape Coral, FL 33991  
Pres./ V- Pres./ Treas. / Sect.

## **ARTICLE VI      REGISTERED AGENT**

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

Henni Ramirez  
1115 SW 6th Court, Cape Coral, FL 33991

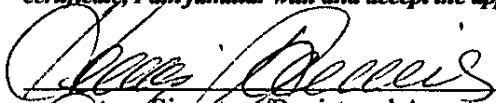
## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Henni Ramirez  
1115 SW 6th Court, Cape Coral, FL 33991

\*\*\*\*\*

*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

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

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06 AUG 24 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-21-06

Date

8-21-06

Date