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Certified Copies	_ Certificate	s of Status
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## **COVER LETTER**

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

SUBJECT: Scotlie . B INC					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	J <u>DE SUFFIX</u> )		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Hing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: BRYAN Scott Brown Name (Printed or typed)  901 S.W 7th Street					
-	,	Address			
Live Oak Fl 32064 City, State & Zip					

(384) 540-7380

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: Scottie B. INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 901 Sw 7# St Live oak fl32064 ARTICLE III PURPOSE The purpose for which the corporation is organized is: OA KATEC ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BRYN ScottBrown 9015W 74St LIVEONE \$132064 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BRYAN Scott Brown 401 SU 7# 58 Live Qak +1 32064 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BRYAN Scott BRown 901 sw 74st Live Ouk 32064 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

Date

Signature/Registered Agent

Signature/Incorporator