

P07000123344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

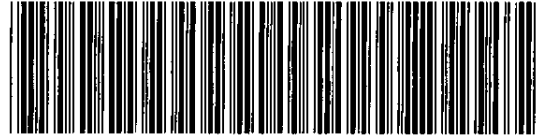
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/13/07--01022--011 **78.75

07 NOV 13 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

B. McKnight NOV 15 2007

COVER LETTER

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

SUBJECT: SCP CONSULTANTS, 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: SUE C. PADGETT
Name (Printed or typed)

235 HAWTHORNE ROAD
Address

ST. AUGUSTINE, FL 32086
City, State & Zip

904 794-4656
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:

SCP CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

235 HAWTHORNE ROAD
ST. AUGUSTINE, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACCOUNTING CONSULTATION

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):

SUE C. PADGETT PRES/DIRECTOR
235 HAWTHORNE RD.
ST. AUGUSTINE, FL 32086

ARTICLE VI REGISTERED AGENT

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

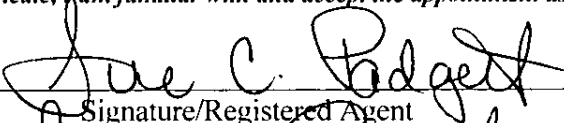
SUE C. PADGETT
235 HAWTHORNE RD
ST. AUGUSTINE, FL 32086

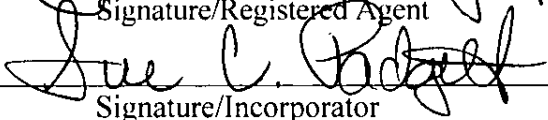
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

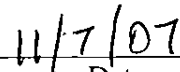
SUE C. PADGETT
235 HAWTHORNE RD
ST. AUGUSTINE, FL 32086

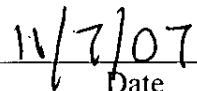
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

APPROVED
AND
FILED
07 NOV 13 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA