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(Req	uestor's Name)			
(Add	iress)			
(Add	lress)	· · · · · ·		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FLORID

MBP 4

COVER LETTER

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

SUBJECT: SCG	-MKM,INC		
	(PROPOSED CO	PRPORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy o	f the articles of incorporation and	l a check for:
\$70.00	4 \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Stat		Certified Copy
		}	& Certificate of
		ADDITIONAL CO	Status DPY REOUTRED
0		·	
FROM: S	usan Case Gianr		
		Name (Printed or typed)	
	15 Sea Trail		
		Address	
	Palm Coast, Flor		
		City, State & Zip	
	386-206-9834	cell-315-395-1545	
		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:

SCG-MKM, INC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1274 Oceanshore Blvd Ormond Beach, Florida 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: operate a deli and cafe

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Susan Case Giannuzzi 15 Sea Trail Palm Coast, Florida 32164 President and owner

ARTICLE VI REGISTERED AGENT

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

Susan Case Giannuzzi 15 Sea Trail Palm Coast, Florida 32164

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is: Susan Case Giannuzzi 15 Sea Trail Palm Coast, Florida 32164

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 Agen

Date

Date

Date