# P08000041569

| (Re                                     | equestor's Name) |           |  |
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|   | ldress)          |           |  |
| (,,0                                    |                  |           |  |
| (Ad                                     | idress)          |           |  |
| (City/State/Zip/Phone #)                |                  |           |  |
| PICK-UP                                 | ☐ WAIT           | MAIL MAIL |  |
| (Business Entity Name)                  |                  |           |  |
|   |                  |           |  |
| (DC                                     | cument Number)   |           |  |
| Certified Copies                        | _ Certificates   | of Status |  |
| Special Instructions to Filing Officer: |                  |           |  |
|   |                  | İ         |  |
|   |                  |           |  |
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| Office Use Only                         |                  |           |  |



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2000 APR 24 PM 4: 2 SECRETARY OF STATE

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# **COVER LETTER**

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

| SUBJECT: Scriptix    | , Inc. (PROPOSED CORPOR           | ATE NAME – <u>MUST INC</u> I                       | LUDE SUFFIX)   |
|----------------------|-----------------------------------|--|--|
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and                         | l a check for:   |
| \$70.00 Filing Fee   |                                   | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee. Certified Copy. & Certificate of Status  PY REQUIRED |
| FROM: St             | nerry Lynne Wolford Name          | e (Printed or typed)                               |  |
|                      | 2097 N.W. Myrtle Avenue           | Address  |  |
|                      | Arcadia, Florida 34266            | y, State & Zip                                     |  |
|                      | 863-494-6055  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)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE I NAME

The name of the corporation shall be:

Scriptix, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2097 N.W. Myrtle Avenue, Arcadia, Florida 34266

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For a Professional Corportation

# 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): Sherry Lynne Wolford, President 2097 N.W. Myrtle Avenue Arcadia, Florida 34266

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Sherry Lynne Wolford 2097 N.W. Myrtle Avenue Arcadia, Florida 34266

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Sherry Lynne Wolford 2097 N.W. Myrtle Avenue Arcadia, Florida 34266

| ***********   | ***********   |
|---|---|
| Having been named as registered agent to accept service of process for certificate, Lam familiar with and accept the appointment as registered ag | the above stated corporation at the place designated in this<br>ent and agree to act in this capacity |
| Jany weekend  | 04/21/08  |
| Signature/Registered Agent  | Date  |
| Men Wolford   | 04/21/08  |
| Signature/Incomporator  | Date  |