

PO900004695F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

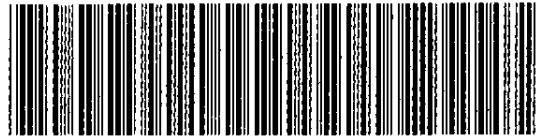
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Christine Toth GAVE
AUTHORIZATION BY PHONE TO
CORRECT *office*
5-29-09
J. Smith

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03/23/09--01024--004 **78.75

2009 MAY 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Stivers MAY 29 2009

609-13841
505

COVER LETTER

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

SUBJECT: SCAJ

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTINE L. TROTTA

Name (Printed or typed)

5760 SW 47 STREET

Address

DAVIE, FL 33314

City, State & Zip

954-914-9180

Daytime Telephone number

2009 MAY 28 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

SCAJ, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5760 SW 47 STREET
DAVIE, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO HAVE A CORPORATION FOR A JOB

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):

CHRISTINE L. TROTTA
5760 SW 47 STREET
DAVIE, FL 33314
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

CHRISTINE L. TROTTA
5760 SW 47 STREET
DAVIE, FL 33314


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCAJ
5760 SW 47 STREET
DAVIE, FL 33314

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TALLAHASSEE, FLORIDA


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

3/20/09

Date



Signature/Incorporator

3/20/09

Date