

P100000104215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

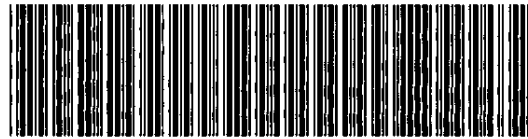
(Business Entity Name)

(Document Number)

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Office Use Only



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EFFECTIVE DATE

1-1-11

12/20/10--01020--017 \*\*78.75

FILED  
10 DEC 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RS 12/30/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2010

SHANTI COPE  
1701 HOLLIMAN DR  
GLEN ALLEN, VA 23059

SUBJECT: ESCAPE CORP.  
Ref. Number: W10000058818

We have received your document for ESCAPE CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 110A00029535

**COVER LETTER**

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

**SUBJECT:** SC Escape Corp.

**(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:** Shanti Cope

Name (Printed or typed)

1701 Holliman Dr.

Address

Glen Allen, Virginia 23059

City, State & Zip

(804) 398-9073

Daytime Telephone number

copemail@msn.com

E-mail address: (to be used for future annual report notification)

**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:

SC Escape Corp.

**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:

2585 Grassy Pointe Drive #115

Lake Mary, FL 32746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 authorized shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Shanti Cope	2585 Grassy	Lake Mary, FL	Director,
	Pointe Drive	32746	President and
	#115		Secretary

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

Shanti Cope

2585 Grassy Pointe Drive #115

Lake Mary, FL 32746

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Shanti Cope

2585 Grassy Pointe Drive #115

Lake Mary, FL 32746

**EFFECTIVE DATE** - 1/1/11

\*\*\*\*\*

*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

FILED

10 DEC 30 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1-1-11

12/28/10  
Date12/28/10  
Date