

Planned of FL

(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



200191252002

01/18/11--01026--011 **78.75

FILED

11 JAN 18 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RS 1/20/11

COVER LETTER

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

SUBJECT: Jack Scott 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: Cynthia Scott

Name (Printed or typed)

1490 Bishop Rd

Address

Spring Hill Fl, 34608

City, State & Zip

352-684-1635

Daytime Telephone number

madukes@tampabay.rr.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)

FILED

11 JAN 18 PM 3:13

ARTICLE I NAME Jack Scott inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1490 Bishop Rd
Spring Hill Fl, 34608

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide consulting services and any other lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Scott -President
Address: 1490 Bishop Rd
Spring Hill Fl, 34608

Name and Title: _____
Address: _____

Name and Title: Cynthia Scott- Vp-Treasure-Secretary
Address: 1490 Bishop Rd
Spring Hill Fl, 34608

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cynthia Scott
Address: 1490 Bishop Rd
Spring Hill Fl, 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia Scott
Address: 1490 Bishop Rd
Spring Hill Fl, 34608

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

Cynthia Scott
Required Signature/Registered Agent

1/3/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cynthia Scott
Required Signature/Incorporator

1/3/2010
Date