

P11000036231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Scott McCamish GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article VII & VIII

DATE \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 4/14/11

## COVER LETTER

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

SUBJECT: SCM Management Consultants, 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: Scott McCormick

Name (Printed or typed)

2911 Princeton Ave.

Address

Jacksonville FL 32210

City, State & Zip

904-868-0288

Daytime Telephone number

scmccormick35@hotmail.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:

SCM Management Consultants, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2911 Princeton Ave

Jacksonville, FL 32210

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Management Consulting services for business owners.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Scott McCormick CEO

Address: 2911 Princeton Ave

Jacksonville, FL 32210

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Scott McCormick

Address: 2911 Princeton Ave

Jacksonville, FL 32210

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Scott McCormick

Address: 2911 Princeton Ave

Jacksonville, FL 32210

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

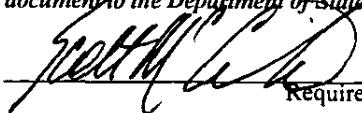


Required Signature/Registered Agent

4-7-11

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.



Required Signature/Incorporator

4-7-11

Date

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APR 13 PM 1:12  
DEPARTMENT OF STATE  
JACKSONVILLE, FLORIDA