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COVER LETTER

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

SUBJECT:	Scientific Editors Inc	ang ang gang sa ang sa ang	
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an or	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 Certificate Status ADDITIONAL COPY REQUIRED	of	
FROM: _	Angla Muhammad Name (Printed or typed)		
, 	PO BOX 206	20	
	arington Cot 39813	2011 JUL 1	
	City, State & Zip 229 - 449 - 468 Daytime Telephone number	PH 2	1
_	info @ scieditors. Org	2:30	

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 is Scientific Editors, Inc.

ARTICLE II - PRINCIPAL OFFICE

Principal street address: 443 N Adams St

Quincy, FL USA 32351

Mailing address: PO Box 206

Arlington, GA USA 39813

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is to provide proofreading and editing services of documents, research papers, texts, etc. to the scientific community.

ARTICLE IV - SHARES

The Corporation is authorized to issue 10,000 shares.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

1. Angela L Muhammad MD

PO Box 206 Arlington, GA 39813 2. Russell T. Moore

606 Twin Springs Tr. Norcross, GA 30093 3. Victer Muhammad MSc

PO Box 771

Bristol, FL 32321

ARTICLE VI - REGISTERED AGENT

The street address of the registered office is 443 N Adams St Quincy, Florida 32351. The registered agent at such address is Angela L Muhammad, MD. The county of the registered office is Gadsden County, Florida

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is: Angela L Muhammad, MD 443 N Adams St Quincy, FL USA 32351

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.

Angela L. Muhammad, MD

Registered Agent

6-27-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Angela L Muhammad, MD

Incorporator

Date