

P12000028746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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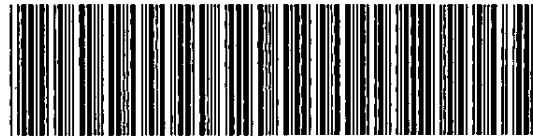
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 22 PM 2:20

3/26/12

## COVER LETTER

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

SUBJECT: **SCRAMPBELL, 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: Jeffrey S. Wood, Esq., c/o May, Meacham & Davell, P.A.  
Name (Printed or typed)

One Financial Plaza, Suite 2602  
Address

Fort Lauderdale, FL 33394  
City, State & Zip

(954) 763-6006  
Daytime Telephone number

jwood@mmdpa.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME** SCRAMPBELL, INC.  
The name of the corporation shall be:

12 MAR 22 PM 2: 20

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
804 NW 111th Avenue  
Plantation, FL 33324

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Stephen B. Campbell, Director	Name and Title: _____
Address: 804 NW 111th Ave.	Address: _____
Plantation, FL 33324	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Jeffrey S. Wood, Esq.  
Address: One Financial Plaza, Suite 2602  
Fort Lauderdale, FL 33394

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey S. Wood, Esq.  
Address: One Financial Plaza, Suite 2602  
Fort Lauderdale, FL 33394

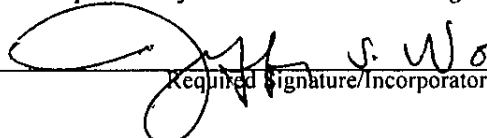
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

3-13-12

\_\_\_\_\_  
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

3-13-12

\_\_\_\_\_  
Date