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(Requestor's Name)

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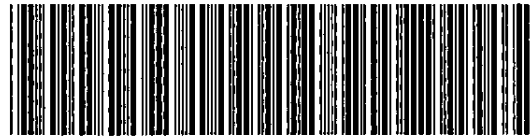
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
6/15/12

COVER LETTER

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

SUBJECT: CCT Management Group, 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: Robert J. Scott CPA

Name (Printed or typed)

954 Business Park Dr., #4

Address

Traverse City, MI. 49686

City, State & Zip

231-946-4343

Daytime Telephone number

rscott6871@yahoo.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: CCT Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2610 Tampa East Blvd.
Tampa, FL 33619

Mailing address, if different is:

c/o Robert J. Scott CPA
954 Business Park Dr., #4
Traverse City, MI 49686

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
General business products and services

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan C. Jolitz, President & Secretary
Address: 417 Barlow St.
Traverse City, MI 49686

Name and Title: _____
Address: _____

Name and Title: Robert J. Scott, Treasurer
Address: 954 Business Park Dr., #4
Traverse City, MI 49686

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: Allison Belcher
Address: 9105 Camino Villa Verde 18767 Burndall Ct.
Tampa, FL 33635 Land O Lakes, FL 34638

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Scott
Address: 954 Business Park Dr., #4
Traverse City, MI 49686

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

Allison A Belcher
Required Signature/Registered Agent

10-11-12
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.

[Signature]

Required Signature/Incorporator

6-7-12
Date