

P12000079559

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

9/19/12
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COVER LETTER

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

SUBJECT: **SLCM DISTRIBUTORS, 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: **SHERYL MAYOZ**

Name (Printed or typed)

16206 HOYLAKE DR.

Address

ODESSA, FL 33556

City, State & Zip

(813)486-1659

Daytime Telephone number

ABSTAMPA@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 SLCM DISTRIBUTORS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
16206 HOYLAKE DR.
ODESSA, FL 33556

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES COMMON STOCK; \$1 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHERYL MAYOZ, P/S/T/D
Address: 16206 HOYLAKE DR.
ODESSA, FL 33556

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:

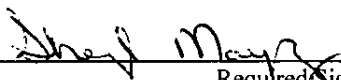
Name: SHERYL MAYOZ
Address: 16206 HOYLAKE DR.
ODESSA, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHERYL MAYOZ
Address: 16206 HOYLAKE DR.
ODESSA, FL 33556

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

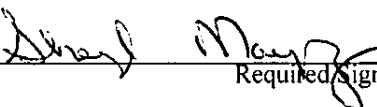


Required Signature/Registered Agent

9/14/12

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

9/14/12

Date