

P13000065656

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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13 AUG -6 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/1

COVER LETTER

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

SUBJECT: TEAM SC. 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: VAUGHN WILLIAMS
Name (Printed or typed)

14809 FRIPP ISLAND CT
Address

NAPLES, FL, 34119
City, State & Zip

678 428 3885
Daytime Telephone number

VAUGHN WILLIAMS @ 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)

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ARTICLE I NAME

The name of the corporation shall be: TEAMSC. INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

14809 FRIPP ISLAND CT
NAPLES, FL 34119

SECRETARY OF STATE
MAILING ADDRESS IF DIFFERENT IS:
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VAUGHAN WILLIAMS CEO Name and Title: _____

Address 14809 FRIPP ISLAND CT Address: _____
NAPLES, FL 34119

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

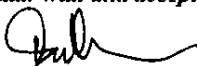
Name: VAUGHAN WILLIAMS
Address: 14809 FRIPP ISLAND CT
NAPLES, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VAUGHAN WILLIAMS
Address: 14809 FRIPP ISLAND CT
NAPLES, FL 34119

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

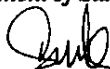


Required Signature/Registered Agent

8/1/2013

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

8/1/2013

Date