## P 140000 22463

(Re	questor's Name)	·····
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

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

SUBJECT:	V.Scott INC.	TE NAME – MUST INCLI		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
		,		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00	\$78.75	\$78.75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO	Status DV DEOUIDED	
		ADDITIONAL CO	FT REQUIRED	
		3		
FROM: Valerie McClendon Name (Printed or typed)				
Name (Printed or typed)				
900 61110				
802 S.W. 11 Ave.				
710dress				
Delray Beach Fla. 33444				
City, State & Zip				
561-350-836/				
Daytime Telephone number				

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

Valevie Jana Scott a 9 marl. C E-mail address: (to be used for future annual report notification)

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

he name of the corporation shall be: V.Sco	t Inc.
Principal office  Principal street address  802 S.W. N. AVQ	Mailing address, if different is:
Delray Boh Fla. 33444	
RTICLE III PURPOSE the purpose for which the corporation is organized is:	onsulting
RTICLE IV SHARES	
e number of shares of stock is:  RTICLE V INITIAL OFFICERS AND/OR DIR	ectors (
Name and Title: 1. Scott) Valerie	McCland and Title:
Address 802 S.W. LIAK	Address:
Plray Bo act F1.33444	
Name and Title:	Name and Title.
· ······	Name and Title:
Address	
	Address:
Address	Address:
Address	Address:  Name and Title:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:
Name: Valerie mecle	ndon
Address: 8025.WIIAVE.	
Delray Beach F. (33	3444
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ncclendon
Name: V. Scatt INC.	<u> </u>
Address: 8025.WIAVE	
Defray Beach FI	<u>33444</u>
Having been named as registered agent to accept service of pi this certificaje, I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
Valerie M'clembon	3/7/14
Required Signature/Registered Agen	t Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a
Valerie McClendon	3/7/14
Required Signature/Incorporator	Pate