P14000034226

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
(00	cument Number)	
Certified Copies	Certificates of	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



700259046277

04/17/14--01001--008 **70.00

DEPARTHENT OF STA

APR 16 ANII CRETARY OF ST

4/17/14

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

South Central Invest	ment Corp			•			
		· · · · · · · · · · · · · · · · · · ·]				
			1				
			-	· · · · · · · · · · · · · · · · · · ·			
				Art of Inc. File			
				LTD Partnership File			
				Foreign Corp. File	_		
				L.C. File			
				Fictitious Name File			
				Trade/Service Mark			
				Merger File			
				Art. of Amend. File	_		
				RA Resignation			
				Dissolution / Withdrawal		_	
				Annual Report / Reinstatement	ಕ್ಷರಾ		
				Cert. Copy	E08	4 4	
				Photo Copy		APR	71]
				Certificate of Good Standing	<u> </u>	6	J-L
				Certificate of Status	<u>.</u> ∽	H	Ö
				Certificate of Fictitious Name			—
				Corp Record Search	<u>mi</u>	2	
				Officer Search			
				Fictitious Search	_		
Signature				Fictitious Owner Search		_	
				Vehicle Search			
				Driving Record			
Requested by: SETH	04/16/14	•		UCC 1 or 3 File	-		
Name	Date	Time		UCC 11 Search			
Nullic	Date	THIC		UCC 11 Retrieval	_		
Walk-In	Will Pick Up			Courier			

SOUTH CENTRAL INVESTMENT LLC 1020 SW 22 TERRACE FORT LAUDERDALE, FL 33312 786-308-6729 (Ph)

Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL32301

April 16, 2014

SMITH Of SOUTH CENTRAL INVESTMENT LLC whose document is L12000154253 do not intend to reinstate the LLC and gave SOUTH CENTRAL INVESTMENT CORP permission to be duly formed with the same name. The principal officers/ managers are also the same for both entities.

NEWTON SMITH

MGRM SOUTH CENTRAL INVESTMENT LLC

04/16/2014

14 APR 16 AMII: 12

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

FILED

TCLE I NA Tame of the corpor	INCIPAL OFFICE	SECRETARY OF TALLAHASSEE,
ACTO II AM	Principal street address	Mailing address, if different is:
20 SW 22	Terrace	
rt Lauderd	ale	
33312		
ICLE III PUI urpose for which	RPOSE the corporation is organized is:	Estate Brokerage and Insurance
kerage		
		
		
CIEM SU	APPS 400	
CLE IV SH.	<u>4RES</u> F stock is: 100	·
CLE V IN	TIAL OFFICERS AND/OR DIRECTO	- -
CLE V IN	TIAL OFFICERS AND/OR DIRECTO Newton Smith, Pres.	DRS Name and Title:
CLE V IN	Newton Smith, Pres. 1020 SW 22 Terrace	- -
CLE V INI	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale	Name and Title:
CLE V INI	Newton Smith, Pres. 1020 SW 22 Terrace	Name and Title:
CLE V INT Name and Titl Address	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
Name and Title Address Name and Title	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
CLE V INT Name and Titl Address	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
Name and Title Address Name and Title	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
Name and Title Address Name and Title	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
Name and Title Address Name and Title Address	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title:
Name and Title Address Name and Title Address	Newton Smith, Pres. 1020 SW 22 Terrace Fort Lauderdale FL 33312	Name and Title: Address: Name and Title: Address: Name and Title:

. · Name an	d Title:	Name and Title:
Addr e ss		Address:
ARTICLE VI The name and Fi	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Newton Smith	
Address:	1020 SW 22 Terrace	
	Fort Lauderdale, FL 33312	•
ARTICLE VII	INCORPORATOR	
The name and ad-	dress of the Incorporator is:	
, Name:	Newton Smith	
Address:	1020 SW 22 Terrace	
	Fort Lauderdale, FL 33312	
Having been nam this certificate, I at	m familiar with and accept the appointment as regis	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
I submit this docu document to the Do	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony Required Signature/Incorporator	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.

FILED

14 APR 16 AM II: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA