

P14000055127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

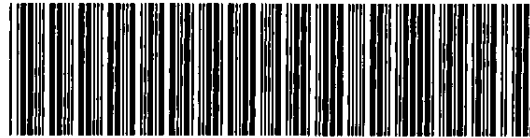
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/14--01050--016 **70.00

FILED
14 JUN 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **SC Ideas, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Max Pomeranz**

Name (Printed or typed)

1920 East Hallandale Beach Blvd. Suite 802

Address

Hallandale Beach, Florida 33009

City, State & Zip

305-891-5858

Daytime Telephone number

llandsman@mindspring.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: SC Ideas, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1920 East Hallandale Beach Blvd.

Suite 802

Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Cohen, Director, President, S

Name and Title: Max Pomeranz, Director, VP, T

Address 1920 East Hallandale Beach Blvd.

Address: 1920 East Hallandale Beach Blvd.

Suite 802

Suite 802

Hallandale Beach, FL 33009

Hallandale Beach, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JUN 23 PM 4:01
SECRET
STATE
HALLANDALE BEACH, FL 33009

(conti.)

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

ARTICLE VI REGISTERED AGENT

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

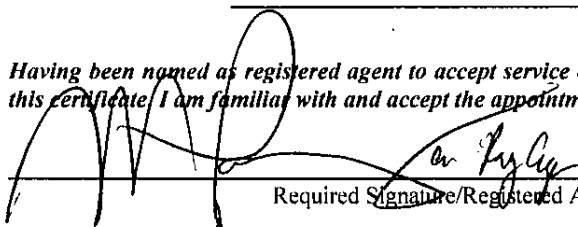
Name: Mark Pomeranz
Address: 1920 East Hallandale Beach Blvd. Suite 802
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Max Pomeranz
Address: 1920 East Hallandale Beach Blvd. Suite 802
Hallandale Beach, FL 33009

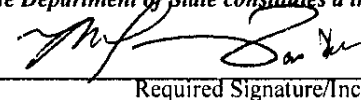
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

14 JUN 23 PM 4:14
SECRETARY
TALLAHASSEE
6/19/2014
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

6/19/2014
Date