

P14000057203

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

B5/14/14 W14000031179

B7/3/14



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SECRETARY OF TREASURY
DIVISION OF COMPTROLLER
17 JUL -2 AM 11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 JUL -2 AM 10:44
SEC. 1
TALLAHASSEE, FLORIDA

June 12, 2014

JOHN SCOULAR
4856 CRAYTON RD
NAPLES, FL 34103

SUBJECT: SCOULAR IMAGE INC.
Ref. Number: W14000031179

We have received your document for SCOULAR IMAGE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 814A00012795

COVER LETTER

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

SUBJECT: **SCOLAR IMAGE 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: **John Scoular**

Name (Printed or typed)

4856 Crayton Rd

Address

Naples, FL 34103

City, State & Zip

2393315561

Daytime Telephone number

john@scoularimage.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: Scoular Image Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1100 5th ave south

4856 crayton rd

Naples, Fl

naples, fl

34102

34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Film & Video production - still photography

ARTICLE IV SHARES

The number of shares of stock is:

1

(married owners)

John & Madeline Scoular

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Scoular - President

Name and Title: _____

Address 4856 Crayton Rd

Address: _____

Naples, Fl

34103

Name and Title: Madeline Smith Scoular 4856 Crayton Rd

Name and Title: _____

Address 4856 Crayton Rd

Address: _____

Naples, Fl

34103

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

12 JUL - 2 AM 11:30
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

(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: John Scoular

Address: 4856 Crayton Rd
Naples, FL 34102

17 JUL -2 AM 11:30
SECTIONARY DIVISION
DIVISION OF CORPORATIONS

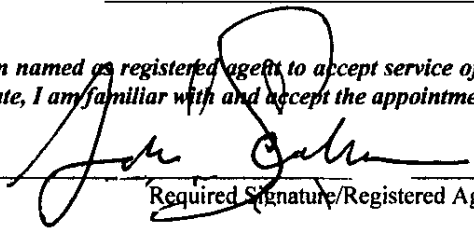
ARTICLE VII INCORPORATOR

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

Name: Madeline Scoular

Address: 4856 Crayton Rd.
Naples, 34102

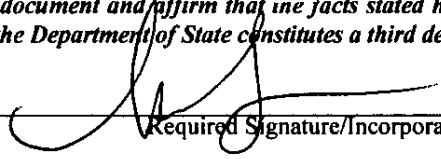
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

5/28/2014
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

5/28/2014
Date