

P 15000077753

(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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09/14/15--01014--012 **78.75

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15 SEP 14 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/22/15

COVER LETTER

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

SUBJECT: S. & C. Home, 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: Silvia Cruz
Name (Printed or typed)
14174 SW 87 Street, apt 206
Address
Miami, FL 33183
City, State & Zip
786 853 5721
Daytime Telephone number
silviacruz1161@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: S. & C Home Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
14175 SW 87 Street, apt 206

Mailing address, if different is:

Miami, FL3183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvia Cruz Name and Title: _____

Address 14175 SW 87 Street, apt 206 Address: _____

Miami, FL 33183 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Silvia Cruz

Address: 14175 SW 87 Street, apt 206

Miami, FL 33183

ARTICLE VII INCORPORATOR

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

Name: Silvia Cruz

Address: 14175 SW 87 Street, apt 206

Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

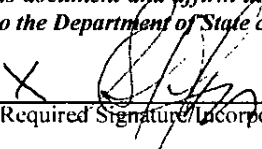
X 

Required Signature/Registered Agent

09/09/2015

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.

X 

Required Signature/Incorporator

09/09/2015

Date

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TALLAHASSEE, FLORIDA