

P15000096988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

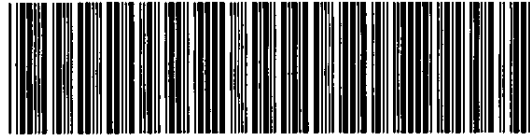
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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900277344679

09/24/15--01007--006 **78.75

FILED
15 DEC -3 PM 1:03
TALLAHASSEE, FLORIDA

12/1/15

COVER LETTER

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

SUBJECT: Scieles Corp.

(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: Adam Horowitz

Name (Printed or typed)

9620 Weathervane Manor

Address

Plantation, FL 33324

City, State & Zip

480-285-6373

Daytime Telephone number

adam@scieles.com

E-mail address: (to be used for future annual report notification)

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

FILED
15 DEC -3 PM 1:03
DEPT. OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC -3 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 2, 2015

ADAM HOROWITZ
9620 WEATHERVANE MANOR
PLANTATION, FL 33324

SUBJECT: SCIELES CORP.
Ref. Number: W15000065758

We have received your document for SCIELES CORP. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00020918

FILED
15 DEC -3 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

15 DEC -3 PM 1:04

ARTICLE I NAME
The name of the corporation shall be: Scieles Corp.

ARTICLE II PRINCIPAL OFFICE
Principal street address
9620 Weathervane Manor
Plantation, FL 33324

Mailing address, if different is:
SECRETARY OF STATE
TALENT, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to perform sales and marketing services

ARTICLE IV SHARES
The number of shares of stock is: 900,000,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Vice President

Name and Title: Howard Horowitz, ~~Director~~
Address: 9620 Weathervane Manor
Plantation, FL 33324

Name and Title: Adam Horowitz, ~~Vice President~~
Address: 9620 Weathervane Manor
Plantation, FL 33324

Name and Title: Rachel Horowitz, ~~Manager~~
Address: 9620 Weathervane Manor
Plantation, FL 33324

Name and Title: _____
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: Howard Horowitz

Address: 9620 Weathervane Manor

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam Horowitz

Address: 9620 Weathervane Manor

Plantation, FL 33324

FILED
15 DEC -3 PM 1:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (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

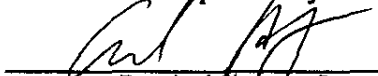


Required Signature/Registered Agent

09/20/2015

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.



Required Signature/Incorporator

09/20/2015

Date