

P16000021622

(Requestor's Name)

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☐ PICK-UP

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16 MAR - 1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W

COVER LETTER

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

SUBJECT: _____

Little Scout, 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: _____

AIMEE LYON

Name (Printed or typed)

2526 DAY LILY PLACE

Address

NAPLES FL 34105

City, State & Zip

402-202-1866

Daytime Telephone number

AMALLORY27@GMAIL.COM

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

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

Federal ID # 47-3676884

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ARTICLES OF INCORPORATION

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

16 MAR -1 PM 3:07

ARTICLE I NAME

The name of the corporation shall be: Little Scout, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

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

2526 DAY LILY PLACE
NAPLES, FL 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting, hiring
management.

ARTICLE IV SHARES

The number of shares of stock is: (100) Aimee - 1 Chris - 99

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AIMEE LYON - PRESIDENT Name and Title: CHRIS LYON Sec, CFO

Address: 2526 DAY LILY Address: 2526 DAY LILY PLACE
PLACE NAPLES FL 34105
NAPLES, FL 34105

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
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16 MAR -1 PM 3:07

Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: AIMEE LYON
Address: 2520 DAY LILY PLACE
NAPLES FL 34105

ARTICLE VII INCORPORATOR

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

Name: AIMEE LYON
Address: 2520 DAY LILY PLACE
NAPLES FL 34105

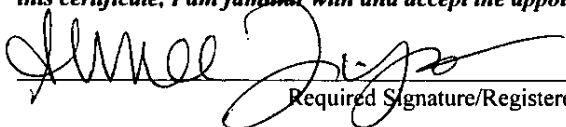
ARTICLE VIII EFFECTIVE DATE:

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.)

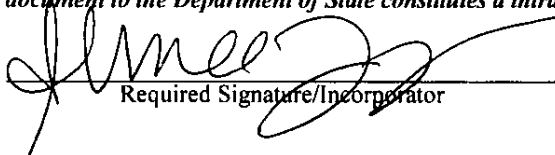
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

2-27-2016
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

2-27-2016
Date