P16000050749

(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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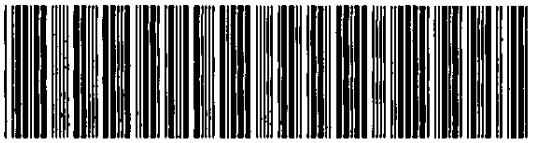

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COVER LETTER

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

SUBJECT: SOUTH FLORIDA SCANNING EQUIPMENT 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: PATRICIA LUDMILA JORGENSEN
Name (Printed or typed)

23329 LAGO MAR CIRCLE
Address

BOCA RATON FL 33433
City, State & Zip

954-263-3864
Daytime Telephone number

URBOCAPA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: SOUTH FLORIDA SCANNING EQUIPMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

23329 LAGO MAR CIRCLE
BOCA RATON FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SALES OF OFFICE EQUIPMENT

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Ludmila Jorgensen PSTD
Address 23329 LAGO MAR CIRCLE
BOCA RATON FL 33433

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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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: PATRICIA LUDMILA JORGENSEN

Address: 23329 LAGO MAR CIRCLE

BOCA RATON FL 33433

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ARTICLE VII INCORPORATOR

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

Name: PATRICIA LUDMILA JORGENSEN

Address: 23329 LAGO MAR CIRCLE

BOCA RATON FL 33433

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.

✓ _____ ✓ 6/2/16

Required Signature/Registered Agent 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.

✓ _____ ✓ 6/2/16

Required Signature/Incorporator Date