

P16000083844

(Requestor's Name)

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(City/State/Zip/Phone #)

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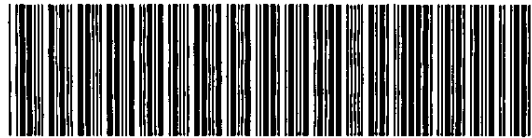
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT 17 PM 4:51
STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: SCENIQ 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 ☐ \$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: Natalia I. Quinones
Name (Printed or typed)

3051 North Course Dr. #511
Address

Pompano Beach, FL 33069
City, State & Zip

(917) 7222067
Daytime Telephone number

sceniglabel@gmail.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: Scénig Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3051 North Course Dr. #511
Pompano Beach, FL 33069

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Creative Agency

ARTICLE IV SHARES

The number of shares of stock is: 30

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President / Nofelia Quinones Name and Title: _____

Address 3051 North Course Dr. #511 Address: _____
Pompano Beach, FL 33069

Name and Title: Secretary / Aeden O'Connor Name and Title: _____

Address Km 7 Sendero Nevada Address: _____
El Hatillo 4^o Casa
Tegucigalpa, Honduras C.A

Name and Title: Treasury / Nofelia Quinones Name and Title: _____

Address 3051 North Course Dr. #511 Address: _____
Pompano Beach, FL 33069

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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DEPARTMENT 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: Natalia I. Quirone
Address: 3051 North Course Dr. #511
Pompano Beach, FL 33069

*

ARTICLE VII INCORPORATOR

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

Name: Natalia I. Quirone
Address: 3051 North Course Dr. #511
Pompano Beach, FL 33069

*

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

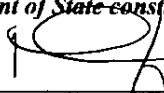


Required Signature/Registered Agent

Oct 11/16

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

Oct 11/16

Date