

P17000011484

**Florida Department of State
Division of Corporations
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TALLAHASSEE FLORIDA

17 FEB -3 AM 01

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SCOTT BARBER DESIGNS, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



February 2, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: SCOTT BARBER DESIGNS, P.A.
REF: W17000009738

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000030933
Letter Number: 717A00002169

P.O. BOX 6327 - Tallahassee, Florida 32314

H17000030933

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: SCOTT BARBER DESIGNS, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1551 WYNDCLIFF DRIVE
WELLINGTON FLORIDA 33414

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: DESIGN OF COMMERCIAL AND RESIDENTIAL BUILDING

LANDSCAPING INCLUDING ANY OTHER ACTIVITY

LEGAL IN THE STATE OF FLORIDA AND UNITED STATES

17 FEB - 3 AM '02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT BARBER, PRESIDENT

Name and Title: _____

Address 1551 WYNDCLIFF DRIVE
WELLINGTON FLORIDA 33414

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

H17000030933

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: SCOTT BARBER
 Address: 1551 WYNDCLIFF DRIVE
 WELLINGTON FLORIDA 33414

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SCOTT BARBER
 Address: 1551 WYNDCLIFF DRIVE
 WELLINGTON FLORIDA 33414

17 FEB -3 AM 13:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

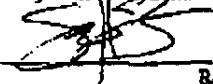
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

*  _____ 2/1/17
 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.

*  _____ 2/1/17
 Required Signature/Incorporator Date