P17000011861

(Requestor's Name)	_					
(Address)	_					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:	٦					

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N. SAMS FEB 0 7 2017



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FLORIDA DEPARTMENT OF STATE Division of Corporations

MILED

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MIRETAL ALLERANCE FORMA

November 17, 2016

SCOTT FAIN 95 RECTOR ST E. GREENWICH, RI 02818

SUBJECT: SCOTTVINBOB, INC Ref. Number: W16000077742

We have received your document for SCOTTVINBOB, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 616A00024697

COVER LETTER

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

SUBJECT:		ScottVinBob, Inc				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
	Scott	Fain				
FROM:	Name (Printed or typed)					
	95 Rec	stor St				
		Address				
	E. Greenw	ich, RI 02818				
	City,	State & Zip				
<u></u>		742-3470				
	·	elephone number				
squeakymay1@verizon.net 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)

ne name of the corpora	tion chall be-	ScottVinBob, Inc			
·					
RTICLE II PRINC			Mailing address if different is		
Principal <u>street</u> address 10300 Worthy Lamb Way New Port Richey, FL 34654			Mailing address, if different is:		
		Port Richey, FL 34668			
			Polt nicitey, FL 34000		
RTICLE III PURPO	OCE				
	to rer	model and sell existing re	sidential single family homes.		
			F1 5		
			# 5 T		
			ent		
			<u>ξ</u>		
	stock is: 4 (four)				
he number of shares of	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTO	<u>RS</u> Name and Title	Scott Fain- President		
the number of shares of	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTO		Scott Fain- President 95 Rector St		
The number of shares of INITIAN Name and Title	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR e: Vincent Carlone - Vice President	Name and Title	::		
The number of shares of INITIAN Name and Title	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR e: Vincent Carlone - Vice President 308 South East Road	Name and Title	95 Rector St		
he number of shares of RTICLE V INITIA Name and Title Address	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR E: Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807	Name and Title Address:	95 Rector St E. Greenwich, RI 02818 Crystal Manast - Secretary		
The number of shares of INITIAN Name and Title	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807 Robert Martini - Officer 9366 Merriweather Dr	Name and Title	95 Rector St E. Greenwich, RI 02818 Crystal Manast - Secretary		
The number of shares of STATE INSTITUTE V INSTITUTE IN INSTITUTE Name and Title Name and Title	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807 Robert Martini - Officer 9366 Merriweather Dr	Name and Title Address: Name and Title	95 Rector St E. Greenwich, RI 02818 Crystal Monast - Secretary		
The number of shares of STATE INSTITUTE V INSTITUTE IN INSTITUTE Name and Title Name and Title	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR E: Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807 Robert Martini - Officer 9366 Merriweather Dr	Name and Title Address: Name and Title	95 Rector St E. Greenwich, RI 02818 Crystal Monast - Secretary 7905 Halsey Dr		
The number of shares of the number of shares of the	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR E: Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807 Robert Martini - Officer 9366 Merriweather Dr	Name and Title Address: Name and Title Name and Title Address:	95 Rector St E. Greenwich, RI 02818 Crystal Monast - Secretary 7905 Halsey Dr Port Richey, FL 34668		
The number of shares of ARTICLE V INITIA Name and Title Address Name and Title Address	Stock is: 4 (four) AL OFFICERS AND/OR DIRECTOR E: Vincent Carlone - Vice President 308 South East Road PO Box 1965 Block Island, RI 02807 Robert Martini - Officer 9366 Merriweather Dr Weeki Wachee, FL 34613	Name and Title Address: Name and Title Address: Name and Title Name and Title	95 Rector St E. Greenwich, RI 02818 Crystal Monast - Secretary 7905 Halsey Dr Port Richey, FL 34668		

Name	and Title:	Name and Title:	
Addre	ess	Address:	

	REGISTERED AGENT	11. 50	
The <u>name and</u>	Florida street address (P.O. Box NOT accepta Crystal Monast	ible) of the registered agent is:	
Name:			
Address:	7905 Halsey Dr		
	Port Richey, FL 34668		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Scott Fain		
Address:	95 Rector St		
Address.	E. Greenwich, RI 02818		
ARTICLE VIII	EFFECTIVE DATE: November 1, 20 if other than the date of filing:)16 (OPTIONA	17
(If an effective filing.)	if other than the date of filing:	cannot be more than five days	prior or 90 days after the
	te inserted in this block does not meet the appl	icable statutory filing requireme	nts, this date will not be listed as
	effective date on the Department of State's rec		·
Having been no	amed as registered agent to accept service of p	rocess for the above stated corp	poration at the place designated in
this certificate, i	I am familiar with and accept the appointment	as registered agent and ugree to	o act in this capacity
9	Required Signature/Registered Age		11/7/16_
f antonik dhia da			- Date
	ocument and affirm that the facts stated here Department of State constitutes a third degree		
51	A Enia		11/2/11
Requ	uired Signature/Incorporator	<u> </u>	Date