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(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 13 2018

## COVER LETTER

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

**SUBJECT:** Hollscor, 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:** Michael Scordato  
Name (Printed or typed)

2733 Colonial Blvd. #207  
Address

Ft. Myers, FL 33907  
City, State & Zip

401-429-3416  
Daytime Telephone number

mjscordato@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: Hollscor, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2733 Colonial Blvd. #207

PO Box 7298

Ft. Myers, FL 33907

Ft. Myers, FL 33919

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to operate a business of public insurance adjusters.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Scordato, President

Name and Title: Francisco Holland, Vice President

Address: 2733 Colonial Blvd. #207  
Ft. Myers, FL 33907

Address: 27 Hatherly Rd.  
Scituate, MA 02066

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: Michael Scordato \_\_\_\_\_

Address: 2733 Colonial Blvd. \_\_\_\_\_

Ft. Myers, FL 33907 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Scordato \_\_\_\_\_

Address: 2733 Colonial Blvd. \_\_\_\_\_

Ft. Myers, FL 33907 \_\_\_\_\_

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TALLAHASSEE, FLORIDA

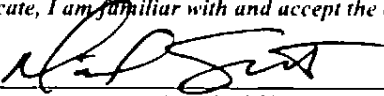
**ARTICLE VIII EFFECTIVE DATE:**

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.)

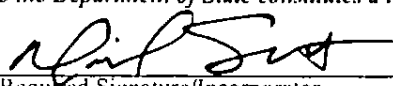
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

2/27/18  
\_\_\_\_\_  
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

2/27/18  
\_\_\_\_\_  
Date