

P18000062930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

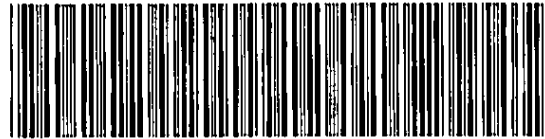
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 20 2018

T. SCOTT



600315586326

07/19/18--01003--011 **78.75

2018 JUL 19 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: SOUTHERN CALCULATORS AND CONSULTANTS, 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: DONALD L. EISENBERG

Name (Printed or typed)

1601 N. PALM AVENUE, SUITE 310C

Address

PEMBROKE PINES, FL 33026

City, State & Zip

954-322-2300

Daytime Telephone number

DONEISENBERG@MINDSPRING.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: SOUTHERN CALCULATORS AND CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1601 N. PALM AVENUE, SUITE 310C

SAME

PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LEGAL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONALD L. EISENBERG, PRESIDENT Name and Title: _____

Address 1601 N. PALM AVENUE, SUITE 310C Address: _____

PEMBROKE PINES, FL 33026

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2018 JUL 19 AM 9:26
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: DONALD L. EISENBERG
Address: 1601 N. PALM AVENUE, SUITE 310C
PEMBROKE PINES, FL 33026

ARTICLE VII INCORPORATOR

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

Name: DONALD L. EISENBERG
Address: 1601 N. PALM AVENUE, SUITE 310C
PEMBROE PINES, FL 33026

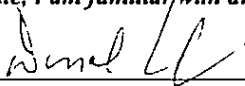
ARTICLE VIII EFFECTIVE DATE:

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

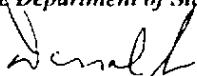


Required Signature/Registered Agent

7/16/18

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

7/16/18

Date