

Division of Corporations

**P19000020847**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*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***SCI Associates Inc.*

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p.2

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3/11/2019 10:49:17 AM PAGE 1/001 Fax Server



March 11, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: SCI GROUP, INC.  
REF: W19000023184

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000027864.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H19000079436  
Letter Number: 419A00004840

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SCI Associates Inc.  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE  
Principal address  
6001 TROPHY DRIVE, UNIT 1003  
NAPLES, FL 34110

Mailing address, if different is:  
577 BROADWAY STE C  
MASSAPEQUA, NY 11758

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

ARTICLE IV SHARES 200  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO SONZONE/ PRES.  
Address: 6001 TROPHY DRIVE, UNIT 1003  
NAPLES, FL 34110

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

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: MARIO SONZONE  
Address: 6001 TROPHY DRIVE, UNIT 1003  
NAPLES, FL 34110

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

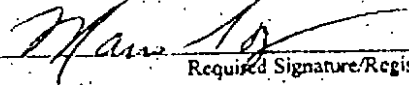
Name: MARIO SONZONE  
Address: 6001 TROPHY DRIVE, UNIT 1003  
NAPLES, FL 34110

**ARTICLE VIII EFFECTIVE DATE:**

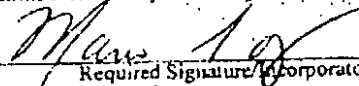
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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:*

<u></u>	<u>3/8/19</u>
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.*

<u></u>	<u>3/8/19</u>
Required Signature/Incorporator	Date