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(Business Entity Name)				
(Document Number)				
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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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×	CERTIFIED COPY				
	РНОТОСОРУ				
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Ø	FILING ORticles				
1.	FILING ORTICLES AZIMUTH SC & L INC. (CORPORATE NAME AND DOCUMENT #)				
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	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #)				
,	(CORPORATE NAME AND DOCUMENT #)				
PECIA	L INSTRUCTIONS:				

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

ARTICLE I NAME The name of the cornorati	on shall be: Azimuth SC&L Inc.		
ARTICLE II PRINCI	<i>PAL OFFICE</i> Principal <u>street</u> address	Mailing a	ddress, if different is: Thistle Drive
New Port Richey, F	TL 34655	New Port Rich	ey, FL 34655
ARTICLE III PURPO The purpose for which th	SE SE Corporation is organized is: Any and	all lawful activity.	
			2019 SEC TALL
ARTICLE IV SHARE The number of shares of share	ES stock is: 1,500 L OFFICERS AND/OR DIRECTORS		FILED 2019 JUL 10 AM 8: SECRETARY OF STA
Name and Title	Lee Dedmon, DPST	Name and Title:	S S S S S S S S S S S S S S S S S S S
Address	1620 Nodding Thistle Drive	Address:	
	New Port Richey, FL 34655		
Name and Title:		Name and Title:	
Address			2000
Name and Title:		Name and Title:	
Address		Address:	
		_	

Name and Title:		Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N, Ste. 300		
	St. Petersburg, FL 33702		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Amanda J. Beren		
Address:	31416 Agoura Rd., Suite 118	-	
	Westlake Village, CA 91361	-	
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prior or 90 days after the	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	
	Bee Hame	7/10/19	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.	
Reau	ired Signature/Incorporator	Date	