

Division of Corporations

12/0002174

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: STEPHENCAROLLO@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
SDC APPRAISALS INC.**

2021 AUG 12 2021

T. SCOTT

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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2021 AUG 11 PM 4:15

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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:

SDC APPRAISALS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

221 S ROME AVE APT 2-312

TAMPA, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: APPRAISALS

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN CAROLLO - PRESIDENT/DIRECTOR

Name and Title:

Address

221 S ROME AVE APT 2-312

Address:

TAMPA, FL 33606

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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FLORIDA

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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: STEPHEN CAROLLO
 Address: 221 S ROME AVE APT 2-312
TAMPA, FL 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHEN CAROLLO
 Address: 221 S ROME AVE APT 2-312
TAMPA, FL 33606

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

AUGUST 11, 2021

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

AUGUST 11, 2021

Date