

P21000095660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

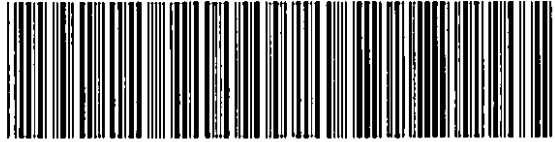
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/21--01002--004 **70.00

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2021 NOV -9 PM 12:18

STATE

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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

WALK IN

PICK UP: 11/9 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

SCYTHE MANAGEMENT INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Scythe Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

4410 Perkins Ave.
Cleveland, Ohio 44103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Demetriou III, Director Name and Title:

Address 4410 Perkins Ave. Address:
Cleveland, Ohio 44103

Name and Title: Alexander Demetriou, Director Name and Title:

Address 4410 Perkins Ave. Address:
Cleveland, Ohio 44103

Name and Title: Name and Title:

Address 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: Registered Agent Solutions, Inc.
 Address: 155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301

STATE DEPARTMENT OF STATE
 TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

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

Name: Steven Demetriou III
 Address: 4410 Perkins Ave.
Cleveland, Ohio 44103

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:

Brendan Wines
 Required Signature/Registered Agent

11/9/2021
 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.

Steven Demetriou III
 Required Signature/Incorporator

11/9/2021
 Date