

P23000086986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

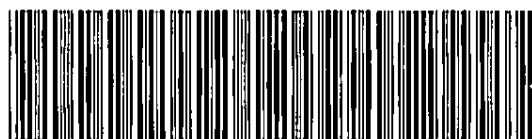
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2023 DEC 19 PM 12:05
DIRECTOR OF CORPORATIONS
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/20/2023

Name: Juliana

Reference #: 2213936

Entity Name: SCOTT, BLACK, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please retain original
filing date

Authorized Amount: \$128.75

Signature: Juliana Prestia



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Please retain original
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Authorized Amount: \$128.75

Signature: Juliana Pratesia



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2023

COGENCYGLOBAL

SUBJECT: SCOTT, BLACK, INC.
Ref. Number: W23000168395

We have received your document for SCOTT, BLACK, INC.. However, the document has not been filed and is being returned for the following:

Please resubmitt the two halves of this domestication as one filing with an authorization sheet for the correct amount as per the cover letter with the domestication form.,

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 223A00028956

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2023 DEC 21 PM 12:38
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____ Scott, Black, Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEEs:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status § 8.75

From:

Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Robert D. Oldfield, III, President
(Name) (Title)
of Scott, Black, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Scott, Black, Inc.
(Foreign Corporation)
_____.
2. The jurisdiction and date of its formation is Illinois - 12/07/1992
3. The name of the domesticated corporation is Scott, Black, Inc.
_____.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.



(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Scott. Black, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

9220 Bonita Beach Road, Suite 200

Mailing Address

9220 Bonita Beach Road, Suite 200

Bonita Springs, FL 34135

Bonita Springs, FL 34135

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: _____ 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

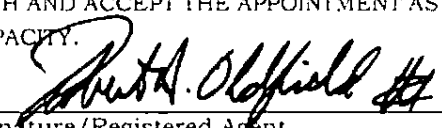
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Robert D. Oldfield III

9220 Bonita Beach Road, Suite 200

Bonita Springs, FL 34135

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

Dec. 18, 2023
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Robert Oldfield III, President

Address: 9220 Bonita Beach Road

Suite 200

Bonita Springs, FL 34135

Name & Title: Robert Oldfield III, Director

Address: 9220 Bonita Beach Road

Suite 200

Bonita Springs, FL 34135

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: Robin Oldfield, Secretary

Address: 9220 Bonita Beach Road

Suite 200

Bonita Springs, FL 34135

Name & Title: Robin Oldfield, Director

Address: 9220 Bonita Beach Road

Suite 200

Bonita Springs, FL 34135

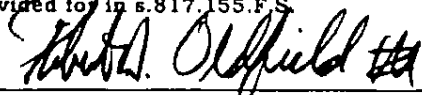
Name & Title: _____

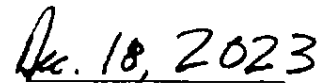
Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.


Signature/Authorized Person


Date

2023