

Pa3000087323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

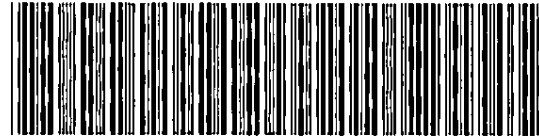
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300420631793

*Handwritten signature/initials*

RECEIVED

DEC 22 AM 11:27

TALLAHASSEE, FL 32303

DEC 22 11:52 AM  
TALLAHASSEE, FL 32303



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexis Weiland-Sorenson  
Ext: 61592  
Date: 12/22/23  
Order #: 1357682-1  
Re: Scher Services, P.A.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:  
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexis Weiland-Sorenson', is written over the word 'action' in the following block.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

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

**SUBJECT:** Scher Services, P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Heather Scher  
Name (Printed or typed)

1326 Southwest 23rd Street  
Address

Fort Lauderdale, FL 33315  
City, State & Zip

(954) 242-8115  
Daytime Telephone number

heatherscher1@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

FILED  
JAN 27 2011  
5:28  
TALLAHASSEE, FL

**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: Scher Services, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1326 Southwest 23rd Street

Mailing address, if different is:

Fort Lauderdale, FL 33315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: provision of professional legal services and other services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Heather Scher, President and Sole Dir

Name and Title:

Address 1326 Southwest 26th Street

Address:

Fort Lauderdale, FL 33315

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2007-11-15 27  
STATE  
FILED

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Heather Scher

Address: 1326 Southwest 23rd Street

Fort Lauderdale, FL 33315

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2024 (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*

*Alexis Wiland-Jensen, ACP*

Required Signature/Registered Agent

12/22/2023

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.*

*HS*

Required Signature/Incorporator

December 21, 2023

Date

FILED  
2023 DEC 21 PM 4:11  
TALLAHASSEE, FL  
CLERK OF THE COURT  
STATE OF FLORIDA