

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SCP HOLDCO INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: SCP HOLDCO INC.

(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: FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL 16 PM 4:20

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SCP HOLDCO INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address6601 LYONS ROAD, SUITE C-2COCONUT CREEK, FL 33073

Mailing address, if different is

6601 LYONS ROAD, SUITE C-2COCONUT CREEK, FL 33073**ARTICLE III PURPOSE**The purpose for which the corporation is organized is ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: REGINALDO TEIXEIRA, OFFICERAddress: 4926 CYPRESS WAYCOCONUT CREEK, FL 33073

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name	REGINALDO TEIXEIRA
Address	6601 LYONS ROAD, SUITE C-2
	COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name:	MARK FUCHS
Address	1425 37TH STREET, SUITE 201
	BROOKLYN, NY 11218

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*

s/ Reginaldo Teixeira

07/15/2024

Required Signature/Registered Agent

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 ins. 817.155, F.S.

s/ Mark Fuchs

07/15/2024

Required Signature/Incorporator

Date

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