

PO3000110301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

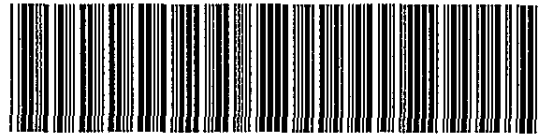
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Qualified Elevator Inspections, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Myma J. Ryneerson

Name (Printed or typed)

17832 50th Street North

Address

Loxahatchee, FL 33470

City, State & Zip

561-793-2730

Daytime Telephone number

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

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:

Qualified Elevator Inspections, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17832 50th Street North
Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Inspection of elevators in the State of Florida, particularly in Palm Beach, Broward and Dade Counties.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Myrna J. Ryneerson, President
17832 50th Street North
Loxahatchee, FL 33470

Melvin L. Ryneerson, Vice President
17832 50th Street North
Loxahatchee, FL 33470

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Myrna J. Ryneerson
17832 50th Street North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Myrna J. Ryneerson
17832 50th Street North
Loxahatchee, FL 33470


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



Signature/Registered Agent

9-30-03

Date



Signature/Incorporator

9-30-03

Date

FILED
03 OCT -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA