

P03000133365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

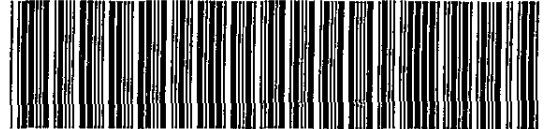
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900024519969

11/10/03--01033--017 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV 10 PM 3:56

F. CHESSER

NOV 17

TRANSMITTAL LETTER

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

SUBJECT: SHADOW INVESTIGATIVE SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

JOSEPH A. SELLARS
Name (Printed or typed)

166 LAKESIDE DR
Address

SANFORD, FL 32723
City, State & Zip

407-268-4050
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:

SHADOW INVESTIGATIVE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: (MAIL)

*166 LAKESIDE DR
SANFORD, FL 32773*

*PO BOX 953185
LAKE MARY, FL 32795*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PRIVATE INVESTIGATIVE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*JOSEPH A. SERRAES
166 LAKESIDE DR
SANFORD, FL 32773
PRESIDENT*

*NOAH A. NEWHOUSE
~~1523 S. PINE RIDGE CIR~~
1523 S. PINE RIDGE CIR
SANFORD, FL 32773
VICE PRESIDENT*

*DAVID L. BRIER
1023 LONG BRANCH
OVIDO, FL 3276
SECRETARY*

ARTICLE VI REGISTERED AGENT

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

*NOAH A. NEWHOUSE
1523 S. PINE RIDGE CIR
SANFORD, FL 32773*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JOSEPH A. SERRAES
166 LAKESIDE DR.
SANFORD, FL 32773*

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

Noah A. Newhouse
Signature/Registered Agent *NOAH A. NEWHOUSE*

11/5/03
Date

Joseph A. Serraes
Signature/Incorporator *JOSEPH A. SERRAES*

11/5/03
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV 10 PM 3:56