

P05500150961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

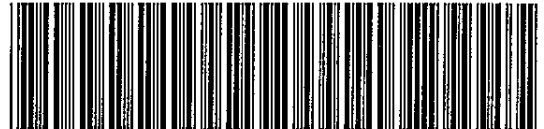
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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SPECTOR SOLUTIONS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JONATHAN SPECTOR
Name (Printed or typed)

1370 WASHINGTON AVE #312
Address

MIAMI BEACH, FL 33139
City, State & Zip

786-264-1028
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:

SPECTOR SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1370 WASHINGTON AVE #312
MIAMI BEACH, FL 33139*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOFTWARE DEVELOPMENT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*JONATHAN SPECTOR
1455 DREXEL AVE #2
MIAMI BEACH, FL 33139*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*ELLIOT SILVER
1370 WASHINGTON AVE #312
MIAMI BEACH, FL 33139*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*JONATHAN SPECTOR
1455 DREXEL AVE #2
MIAMI BEACH, FL 33139*

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



Signature/Incorporator

11/8/05

Date

10/20/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 14 PM 3:02

FILED