PUUUU37158

•	(Requestor's Name)			
*	(Address)			
	(Address)			
(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
	Office Use Only			
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COVER LETTER

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

SUBJECT:	SUMMIT APP	-	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i 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
		ADDITIONAL CO	& Certificate of Status PY REQUIRED
FROM:	Carl	P. Sen	ica
	14642 /NDIC		
	NAPLES , FL		
	(239) 82		

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:	
SUMMIT APPRAISAL SWFL INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 14642 INDIGO LAKES CIRCLE	11 NVW 90
NAPLES, FLORIDA 34119	\$
. <u>ARTICLE III PURPOSE</u>	H Harten
The purpose for which the corporation is organized is:	
WINDER OF WHICH THE CORPORATION "	
ARTICLE IV SHARES	,
The number of shares of stock is:	
/00	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
CARL P. SEAUCH - President	
CARL P. SENICA-Vin President	
CARL P. SENICA - Via President CARL P. SENICA - Secretary	
CARL P. SENICA - Treasurer	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered age	ent is:
CARL P. SENICA	
14642 INDIGO LAKES CIRCLE	
NAPLES, PLORIDA 34119	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
CARL P. SENICH .	
14642 INDIGO LAKES CIRCLE	
NAPLES, FLORIDA 34119	
***********************	*****
Having been named as registered agent to accept service of process for the above stated corporation of certificate, I am familiar with and accept the appointment as registered agent and agree to act in this ca	
() and /:/() 31	10/02
Signature/Registered Agent / In COV POVA TOR	Date
7	

Date

Signature/Incorporator