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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Select Title	Solutions	Fire.	
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
		÷		
FROM: PATRICIA N MOOVE				
Name (Printed or typed)				
	17051 Tremor	t St.		
	FF Myers 4 City,	1 3390 State & Zip	08	
239-437-4040				

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: Select Title Solutions, Inc.	FILED 07 FEB 14 PH 1: 48
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: (19 Winkler Rd. #101 ## MY-CRS, ## 33919 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TITLE INSURANCE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is: 200	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PATRICIA N Muore 17051 Tremont St. Candice N Trofa 9340 Glodiolus Preserv	FF Myers F1 33908 - Pres. reCir, F7 Myens F2 33408 - Sec.
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the regist PATRICIA N MOOVE 17051 Tremont St. F7 Lyers F1 33508	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Natura N Moere 17051 Tremont St. Ft Lyers A 33908	

Signature/Registered Agent	2/13/07 Date
Signature/Incorporator	2(13/07 Date