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(Requestor's Name) .

(Address)

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(City/State/Zip/Phone #)

MAIL

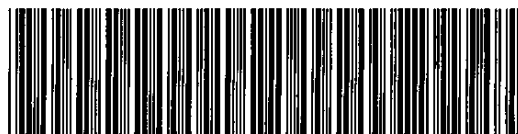
(Business Entity Name)

(Document Number)

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AND  
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07 APR -2 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W07-13143

B. McKnight APR 03 2007

## COVER LETTER

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

**SUBJECT:** SafeTekk Consulting 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  
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:** David M Sorge

Name (Printed or typed)

881 Fruit Cove Rd

Address

St Johns Fl, 32259

City, State & Zip

904-484-4847

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2007

DAVID M SORGE  
881 FRUIT COVE RD  
ST JOHNS, FL 32259

SUBJECT: SAFETEKK CONSULTING INC.  
Ref. Number: W07000013163

We have received your document for SAFETEKK CONSULTING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 107A00018487

**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:

SafeTekk Consulting Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

881 Fruit Cove Rd.  
St Johns Fl, 32259

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide the following services:

1. Safety related consulting and training for construction and general industry
2. Project management services to construction and general industry
3. Purchase, rehabilitate/renovate, and sell distressed residential real estate

**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):

David M Sorge, President  
881 Fruit Cove Rd  
St Johns Fl, 32259

Gail E Johnson, Vice President  
881 Fruit Cove Rd  
St Johns Fl, 32259

**ARTICLE VI REGISTERED AGENT**

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

Business Filings Incorporated  
1203 Governors Square Blvd, Suite 101  
Tallahassee, Florida 32301-2960

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David M Sorge  
881 Fruit Cove Rd  
St Johns Fl, 32259

\*\*\*\*\*

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

Nicole Peice Asst. Sec. Business Filings Incorporated 3/26/07  
Signature/Registered Agent Date  
[Signature] 3-31-07  
Signature/Incorporator Date

APPROVED  
AND  
FILED  
07 APR -2 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA