P09000103011

(Requestor's Name)				
(Address)				
(Address)				
(
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiless Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

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

SUBJECT:	Shoreline Verif (PROPOSED CORPORA	inhin Inc	UDE SUFFIX)	
	(PROPOSED CORPORA	TE NAME <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REOUIRED	
FROM:	milind 9 Name	Billings (Printed or typed)		
410 Manor Blrd Address				
Palm Harbon, R 34683 City, State & Zip 127-697-1647 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:				
Shoreline Verification, Inc				
ARTICLE II PRINCIPAL OFFICE	·			
The principal street address and mailing address, if different is:				
410 Manor Blrd	The state of the s			
Palm Humbor, R 34683	EC T			
ARTICLE III PURPOSE	28			
The purpose for which the corporation is organized is:	PILED DEC 28 A			
Any and all lawful services.	PILED DEC 28 MID 28			
ARTICLE IV SHARES	₩			
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President - Milinda Billings 410 Manone Blrd Palm Hurbon, for ARTICLE VI REGISTERED AGENT				
President - Milinda Billings				
410 Manore Blod				
palm Hurbor, to	34663			
The name and Florida street address (B.O. Bay NOT acceptable) of the rec	sistered agent is:			
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:				
Karen Billings				
2019 Temple Terrace				
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Milinda Bellings 410 Monor Bird Palm Horbor, f. 34683				
410 Wonor Dire				
Valm (60)	******			
Having been named as registered agent to accept service of process for t	-			
place designated in this certificate, I am familiar with and accept the appointment as registered agent and				
agree to act in this capacity				
	12-111-159			
Signature/Registered Agent	Date			
Milliada Billian	Date 12/11/0/9			
Signature/Incorporator	Date			