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megliz

COVER LETTER

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

SUBJECT: safeco propercies inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original	ginal and one (1) copy of the artic	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 PY REQUIRED	
FROM:	Soe Don Name	(Printed or typed)		
	2259 Amne	ddress Driv	ve	
	northport fl .34288	}		
City, State & Zip				
	(941) 328-9954 Daytime Te	lephone number	·	
E-mail address: (to be used for future annual report notification)				

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

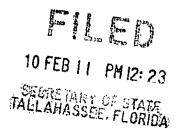
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SAFECO PROPERTIES INC.



ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1218 CRIMSON AVE NORTHPORT FL. 34288

2239 amnesty dr northport fl 34288 mailing address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

foreclosure maintenance, securing, preservation

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): joe romer_o2239 amnesty dr np fl.34288 joseph romero 1077 comfort ln northport fl 34288 vice president christopher romero 2239 amnesty dr northport fl 34288 secretary kathleen romero 2239 amnesty dr northport fl. 34288 treaury

ARTICLE VI REGISTERED AGENT

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

joe romero 2239 amnesty dr northport fl 34288

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

anabel doria 2239 amnesty dr northport fl. 34288

**********	*********
Having been named as registered agent to accept service of p place designated in this certificate, I am familiar with and ac agree to act in this capacity	rocess for the above stated corporation at the ecept the appointment as registered agent and
The state of the s	a-5÷2.010
Signature/Registered Agent	Date
Signature/Incorporator	<u>2-5-20</u> \0