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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS 2/12

## COVER LETTER

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

SUBJECT: safeco properties 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Joe Romero  
Name (Printed or typed)

2239 Amnesty Drive  
Address

northport fl .34288  
City, State & Zip

(941) 328-9954  
Daytime Telephone number

safecoproperties@yahoo.com  
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 romero 2239 amnesty dr np fl 34288 president  
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 name and address of the Incorporator is:

anabel doria 2239 amnesty dr northport fl. 34288

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-5-2010  
Date

2-5-2010  
Date