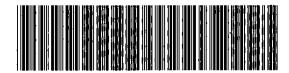
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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AUTHORIZATION BY PHONE JOLA. CONTEST SIGNATURES CE JUNEOL
DATE
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07/07/10--01012--004 **78.75

SECRETARY OF STATE PALLAHASSEE. FLORIDA

PS 7/22/10



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10 JUL 19 PM 12: 34

FLORIDA DEPARTMENT OF STATE AND Division of Corporations

July 13, 2010

KELLY A HALLORAN 8981 DANIELS CENTER DR, SUITE 201 FT MYERS, FL 33912

SUBJECT: SAFETLINE, INC. Ref. Number: W10000032678

We have received your document for SAFETLINE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The incorporators and/or registered agents initials are not sufficient as a signature. Please correct accordingly.

Please return the corrected 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) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 110A00016825

COVER LETTER

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

SUBJECT:Safe	El Line, inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 COI		PY REQUIRED
FROM: Kel		e (Printed or typed)	
<u>898</u>	1 Daniels Center Drive Suite 20		
		Address	
<u>Ft. I</u>	Myers, FL 33912	0. 0.01	· · · · · · · · · · · · · · · · · · ·
	City,	, State & Zip	
239-	561-2591		
	Daytime 1	Telephone number	
lynni	o@paygoworkerscomp.com		
	E-mail address: (to be use	d for future annual report n	otification)

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:

SafeTLine, Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 8981 Daniels Center Drive Ft. Myers, FL 33912

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Service

ARTICLE IV SHARES

The number of shares of stock is: 1.000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kelly A Halloran Pres

8981 Daniels Center Drive. Suite 201

Ft. Myers, FL 33912

Linda Brewer VP

8981 Daniels Center

Drive Suite 201

Ft. Myers, FL 33912

ARTICLE VI REGISTERED AGENT

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

Kelly Halloran

8981 Daniels Center Drive Suite 201

Ft. Myers, FL 33912

ARTICLE VII INCORPORATOR

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

LINIDA BREWEN 8981 DANIELS CENTER DR. Ft. Myens, FL. 33912

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

7-1-10 Signature/INCORPORATOR Date 7-1-10 Date Kelly HHAllORAN 7/1/10