

7120000 22877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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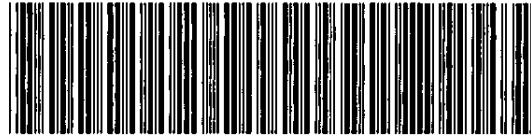
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers MAR 08 2012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Windstorm Insurance Inspectors, 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: Eugene N Rita

Name (Printed or typed)

2016 Alta Meadows Lane, Suite 708

Address

Delray Beach, FL. 33444

City, State & Zip

561-503-5772

Daytime Telephone number

windstorminspec@aol.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Windstorm Insurance Inspectors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2016 Alta Meadows Lane  
Suite 708  
Delray Beach, FL 33444

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All Types Of Inspections For: Single Family Dwellings; Multiple Family Dwellings; Commercial Buildings And Industrial Buildings

**ARTICLE IV SHARES**

The number of shares of stock is: One Thousand

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eugene N Rita, President  
Address: 2016 Alta Meadows Lane  
Suite 708  
Delray Beach, FL 33444

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: John R Rita, Vice President  
Address: 2016 Alta Meadows Lane  
Suite 708  
Delray Beach, FL 33444

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Gayle S Rita VPS/T  
Address: 2016 Alta Meadows Lane  
Suite 708  
Delray Beach, FL 33444

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Eugene N Rita  
Address: 2016 Alta Meadows Lane, Suite 708  
Delray Beach, FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eugene N Rita  
Address: 2016 Alta Meadows Lane, Suite 708  
Delray Beach, FL 33444

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

Eugene N Rita  
Required Signature/Registered Agent

March 2, 2012  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eugene N. Rita  
Required Signature/Incorporator

March 2, 2012  
Date

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