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COVER LETTER

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

• 🖸

SUBJECT: Southwest Property Inspections, 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	Filing Fee,
& Certified Copy	Certified Copy & Certificate of
ADDITIONAL CO	Status

FROM: David L Rogers

Name (Printed or typed)

3226 Van Buren Ave - GH Address

Naples, FL 34112

City, State & Zip

239-404-5448

Daytime Telephone number

swpropertyinspections@naplesfl.com E-mail address: (to be used for future annual report notification)

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

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

ARTI	CLE I	NAME

The name of the corporation shall be:

Southwest Property Inspections, Inc

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is	r
	3226 Van Buren Ave - GH		
	Naples, FL 34112	<u></u>	<u> </u> Ø
			•
ARTICLE III	PURPOSE		1
The purpose for which the corporation is organized is:			Ĵ ."
Any	and all lawful business		

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Address:	David L Rogers, P.VP, T 3226 Van Buren Ave - GH Naples, FL 34112	Address:	
Name and Title: Address:	Melissa Rogers, S 3226 Van Buren Ave - GH Naples, FL 34112	Name and Title:Address:	
Name and Title: Address:		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:	Sharon L Workman	
Address:	_ 3226 Van Buren Ave	
	Naples FL 34112	

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	David L Rogers
Address:	3226 Van Buren Ave - GH
	Naples, FL 34112

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator