

P130000006981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

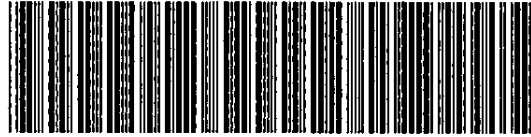
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Donald Cegledin GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 1/22/13
DOC. EXAM MRS

Office Use Only



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13 JAN 18 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/22/13

COVER LETTER

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

SUBJECT: SafeGuard Home 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
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Donald Cegledi
Name (Printed or typed)

3752 Eagle Pass St.
Address

North Port, FL 34286
City, State & Zip

941-567-8442
Daytime Telephone number

DIVERMLC@AOL.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: SafeGuard Home Inspections, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3752 Eagle Pass St.
North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Inspections

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Cegledi/owner/P Name and Title: _____

Address 3752 Eagle Pass St. Address: _____

North Port, FL 34286

Name and Title: Michelle Cegledi/co-owner/VP Name and Title: _____

Address 3752 Eagle Pass St. Address: _____

North Port, FL 34286

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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Name and Title: _____ Name and Title: 13 JAN 18 PM 3:35
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

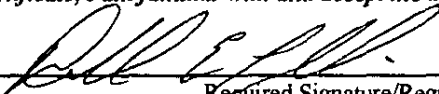
Name: Donald Cegledi
Address: 3752 Eagle Pass St.
North Port, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald Cegledi
Address: 3752 Eagle Pass St.
North Port, FL 34286

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

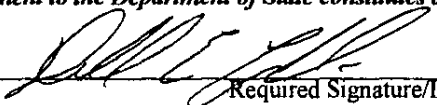


Required Signature/Registered Agent

1-14-13

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.



Required Signature/Incorporator

1-14-13

Date