

P13000035976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

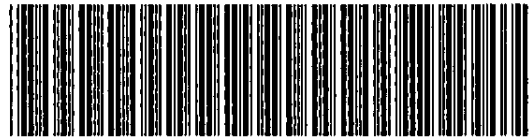
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 APR 19 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/19/13--01015--003 **70.00

MRD
4/22/13

COVER LETTER

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

SUBJECT: Selective 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Wendy Schaublin
Name (Printed or typed)
13771 SW 149 Circle Ln. #4
Address
Miami, FL 33186
City, State & Zip
786 712 8128
Daytime Telephone number
WendyFSU@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be:

Selective Inspections, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13771 SW 149 Circle Ln #4
Miami, FL 33186

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide possible discount
benefits for insurance policy holders.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Wendy Schaublin, President

Name and Title:

Address

13771 SW 149 Circle Ln #4
Miami, FL 33186

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Wendy Schaublin

Address:

13771 SW 149 Circle Ln #4
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Wendy Schaublin

Address:

13771 SW 149 Circle Ln #4
Miami, FL 33186

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

Alexis Schaublin

Required Signature/Registered Agent

3-12-13

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.

Alexis Schaublin

Required Signature/Incorporator

3-12-13

Date