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(Re	questor's Name)	
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	,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		<u> </u>
Special Instructions to	Filing Officer:	
4/13-	21866]

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

1/4

COVER LETTER

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

SUBJECT:			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
Enclosed are an one	indicated one (1) copy of the th	inclusion of incorporation and	
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
9	teven G. Keiser		
FROM: <u>S</u>		e (Printed or typed)	
70	07 Autumn Glen	Dr	
	,	Address	.
N/	elbourne, FI 329	14 0	
	•	, State & Zip	
0.4	•	, oute to zip	
32	21-863-4069		
	Daytime 1	Telephone number	
W	IND@CFL.RR.CO	М	
		ed for future annual report	notification)

Detection Inspection Inc.

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



April 15, 2013

, ; },

STEVEN G. KEISER

707 AUTUMN GLEN DR MELBOURNE, FL 32940

SUBJECT: DETECTION INSPECTION INC.

Ref. Number: W13000021866

We have received your document for DETECTION INSPECTION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 313A00008917

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

		DETECTION				0~
	Principal street address		Mailing a	ddress, if differ	ent is:	
707 Autumn G						
/lelbourne, Fl	32940					
-			t .			
RTICLE III PURI ne purpose for which the	POSE ne corporation is organized is:	ome Inspectio	ns			
				Ze	ಪ	
				L ARE	APR	
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·	1.1					, ,
RTICLE IV SHA ne number of shares of s	RES stock is: 10					
ne number of shares of s	stock is: 10 IAL OFFICERS AND/OR DIF		,,,.Presi	ident		
RTICLE V INIT Name and Title	stock is:	Name and Ti	_{tle:} Presi	ident		
ne number of shares of s	<i>TAL OFFICERS AND/OR DIF</i> Steven G. Keiser	Name and Ti	tle: Pres	ident		
RTICLE V INIT Name and Title Address	Steven G. Keiser 707 Autumn Glen D Melbourne, FI 3294	Name and Ti Address:				
RTICLE V INIT Name and Title Address Name and Title:	Steven G. Keiser 707 Autumn Glen D Melbourne, FI 3294 Denine Chang	Name and Ti Address: O Name and Ti			nt	
RTICLE V INIT Name and Title Address	Steven G. Keiser 707 Autumn Glen D Melbourne, FI 3294	Name and Ti Address: Name and Ti Name and Ti Address:			nt	
RTICLE V INIT Name and Title Address Name and Title:	Steven G. Keiser 707 Autumn Glen D Melbourne, FI 3294 Denine Chang 707 Autumn Glen D	Name and Ti Address: Name and Ti Name and Ti Address:			nt	
RTICLE V INIT Name and Title Address Name and Title: Address	Steven G. Keiser 707 Autumn Glen D Melbourne, FI 3294 Denine Chang 707 Autumn Glen D	Name and Ti Address: Name and Ti Address: Address: Address:	vice	Presider		

FILED

Name and	d Title:	Name and little:	13 APK 25 PM 1: 15
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
<i>ARTICLE VI</i> The <u>name and Fl</u>	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is	3:
Name:	Steven G. Keiser	_	
Address:	707 Autumn Glen Dr		
	Melbourne, Fl 32940	-	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Steven G. Keiser	_	
Address:	707 Autumn Glen Dr	_	
	Melbourne, FI 32940	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as re		
- cee	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor		
SI	In Theire	-	04/08/2013
	Required Signature/Incorporator	*****	Date