

P 13 000043663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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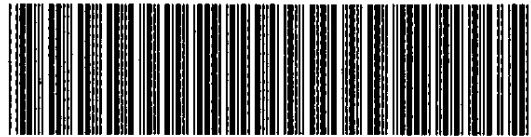
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 13 PM 4: 51

5/16/13

**COVER LETTER**

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

**SUBJECT:** Exacta Lien Search, 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:** James P. Sammon  
Name (Printed or typed)

3401 Enterprise Parkway, Suite 205  
Address

Cleveland, Ohio 44122  
City, State & Zip

(216) 364-0500  
Daytime Telephone number

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

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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: Exacta Lien Search, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

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Mailing address, if different is:

12220 Towne Lake Drive

Suite 55

Ft. Myers, FL 33913

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose for which the Corporation is formed  
is to engage in any lawful act, activity or business for which corporations may be formed under the  
laws of Florida and the United States.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Scott Shelfer, P & S

Address: 12220 Towne Lake Drive

Suite 55

Ft. Myers, FL 33913

Name and Title: Richard Blaszak, VP

Address: 12220 Towne Lake Drive

Suite 55

Ft. Myers, FL 33913

Name and Title: Paul Passarelli, T

Address: 12220 Towne Lake Drive

Suite 55

Ft. Myers, FL 33913

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

(conti.)

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: Scott Shelfer  
Address: 12220 Towne Lake Drive, STE 55  
Ft. Myers, FL 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James P. Sammon  
Address: 3401 Enterprise Parkway, Suite 205  
Cleveland, Ohio 44122

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*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

5/9/13  
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

5/9/13  
Date