

P/4000023795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

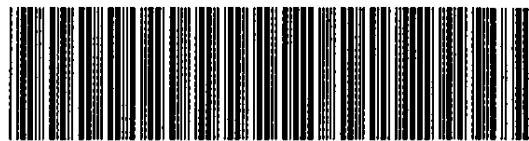
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400257774304

03/13/14--01025--006 **78.75

FILED
14 MAR 13 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 03/17/14

COVER LETTER

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

SUBJECT: Selectable Services 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Shayne Osborne

Name (Printed or typed)

4791 sw 82 av #44

Address

Davie Fl 33328

City, State & Zip

954-393-3343

Daytime Telephone number

osborne.shayne@yahoo.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: Selectable Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4791 sw 82 av #44

Davie fl 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shayne Osborne President

Name and Title: _____

Address 4791 sw 82 av #44

Address: _____

Davie fl 33328

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 MAR 13 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Shayne Osborne

Address: 4791 sw 82 av #44

Davie fl 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shayne Osborne

Address: 4791 sw 82 av #44

Davie fl 33328

FILED
14 MAR 13 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Shayne Osborne

Required Signature/Registered Agent

2-10-14

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.

Shayne Osborne

Required Signature/Incorporator

2-10-14

Date