P15000070704

(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:
<u>.</u>

Office Use Only



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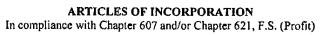
4 x 2/3 3/2000

COVER LETTER

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

SUBJECT: INS	SPECT SOUTHWEST FL, INC.		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	CHRISTOPHER ENGEL Nam	ne (Printed or typed)	
	138 OCEAN VIEW DRIVE		
		Address	· · · · · · · · · · · · · · · · · · ·
	TAVERNIER, FL 33070		
	City	, State & Zip	
	305 395-0486		
	Daytime '	Telephone number	
	CAENGEL@BELLSOUTH.NET		
	E-mail address: (to be use	ed for future annual report	notification) '

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



- C &	l	5
eft		

name of the corporat	ion shall be:	INC.	
ICLE II PRINC	IPAL OFFICE Principal <u>street</u> address IVE	Mailing address, if different is	;
- CANALA, 1 E 3307			·
TICLE III PURPO purpose for which th	OSE ANY AND ne corporation is organized is:	ALL LAWFUL BUSINESS PURPOSES	
		2 cc C cc 2 cc	2015 AUG
		HPSS	(C)
ICLE IV SHARE number of shares of s	SS 100 stock is:		MIT IT
ICLE V INITIA	L OFFICERS AND/OR DIRECTORS	<u>. 9.</u>	A r
Name and Title:	CHRISTOPHER ENGEL, PRESIDENT	Name and Title:	
	138 OCEAN VIEW DRIVE		
•	TAVERNIER, FL 33070	Address:	
,			
Name and Title:_		Name and Title:	
Address _		Address:	
		Name and Title:	
Name and Title:_			

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
			-
			· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal	ue) of the registered agent is:	
Name:	CHRISTOPHER ENGEL	tey of the registered agent is.	
Address:	138 OCEAN VIEW DRIVE		
Address.	TAVERNIER, FL 33070		
		Management	
	INCORPORATOR		
he <u>name and a</u>	ddress of the Incorporator is:		
Name:	CHRISTOPHER ENGEL		
Address:	138 OCEAN VIEW DRIVE		
	TAVERNIER, FL 33070		
ARTICLE VIII Effective date, if If an effective c lays after the fi	EFFECTIVE DATE: To other than the date of filing: date is listed, the date must be specific and colling.)	. (OPTIONAL) annot be more than five business days prior or 90	business
lote: If the date		able statutory filing requirements, this date will not b rds.	e listed as
laving been nai uis certificate, I	ned as registered agent to accept service of pr am familiar with and accept the appointment t	ocess for the above stated corporation at the place dustregistered agent and agree to act in this capacity	esignated in
	(Abad)	8/1	14/2015
	Required Signature/Registered Agent	Date	
submit this doc	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the fulse information sui	bmitted in a
resiment to tite i	A F. a.	cony as province for in \$.017.155, F.S.	/ 1=
·	(Mg)		12015
Kequi	ired Signature Incorporator	Date	3

Part of the Angel