

PI5000084661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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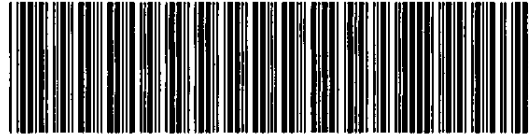
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OCT 15 2015

T. SCOTT



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10/05/15--01043--017 **78.75

15 OCT -5 AM 9:20

COVER LETTER

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

SUBJECT: Surveilx of North Central Florida, 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: Judith Krajec

Name (Printed or typed)

35745 Oakridge Dr.

Address

Leesburg, FL 34788

City, State & Zip

Daytime Telephone number

jkrajec@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: Surveilx of North Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

35745 Oakridge Drive

Leesburg, FL 34788

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any legal business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judith Krajec, P, VP & S

Name and Title: _____

Address 35745 Oakridge Dr

Address: _____

Leesburg, FL 34788

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 OCT -5 AM 9:20

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: Judith Krajec _____

Address: 35745 Oakridge Drive _____

Leesburg, FL 34788 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Judith Krajec _____

Address: 35745 Oakridge Drive _____

Leesburg, FL 34788 _____

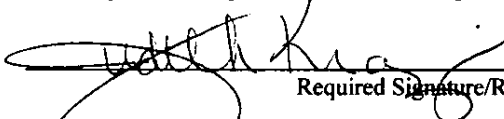
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-1-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

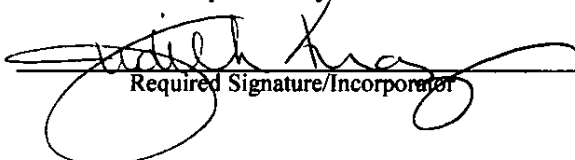
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-1-15
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

10-1-15
Date