

P16000056398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

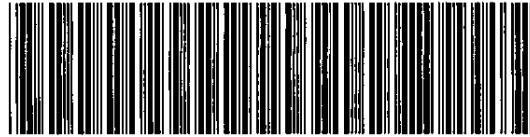
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/16--01032--015 **70.00

FILED
16 JUL -7 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/18/16

COVER LETTER

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

SUBJECT: Inspection Medic

(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: Peter Steffen

Name (Printed or typed)

1877 Chorpash Lane

Address

Port Orange, FL 32128

City, State & Zip

760-815-0781

Daytime Telephone number

homeinspectionmedic@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

PETER STEFFAN
1877 CHORPASH LANE
PORT ORANGE, FL 32128

SUBJECT: INSPECTION MEDIC
Ref. Number: W16000045647

RECEIVED
16 JUL -7 PM 2:46
TALLAHASSEE, FLORIDA

We have received your document for INSPECTION MEDIC 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00013551

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

FILED

16 JUL -7 PM 12:15

ARTICLE I NAME

The name of the corporation shall be: Inspection Medic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1877 Chorpash Lane

Port Orange, FL 32128

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Steffen President

Name and Title: _____

Address 1877 Chorpash Lane

Address: _____

Port Orange, FL 32128

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Peter Steffen
Address: 1877 Chorpash Lane
Port Orange, FL 32128

ARTICLE VII INCORPORATOR

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

Name: Peter Steffen
Address: 1877 Chorpash Lane
Port Orange, FL 32128

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
06/16/16
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
06/16/16
Date