

P07000100868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

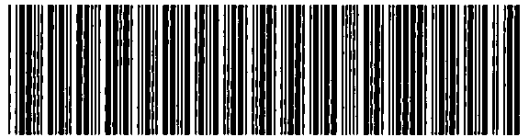
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/07--01017--010 **78.75

2007 SEP 10 PM 3:05
SEC. OF STATE
TALLAHASSEE, FL 32304

FILED

T. Burch SEP 11 2007

COVER LETTER

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

SUBJECT: THE BABY PROOFERS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ROBIN H. JERMAINE & AMY CADICAMO
Name (Printed or typed)

14642 CANOPY DRIVE
Address

TAMPA, FL 33626
City, State & Zip

(727) 417-2899 OR (813) 810-7760
Daytime Telephone number

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:

THE BABY PROOFERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

14642 CANOPY DRIVE
TAMPA, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BABY PROOFING HOMES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROBIN H. JERMAINE, 14701 CANOPY DRIVE, TAMPA, FL 33626, PRESIDENT

AMY CADICAMO, 14642 CANOPY DRIVE, TAMPA, FL 33626, VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

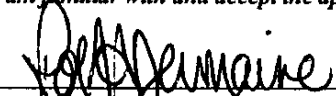
ROBIN H. JERMAINE
14701 CANOPY DRIVE
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AMY CADICAMO
14642 CANOPY DRIVE
TAMPA, FL 33626


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



Signature/Registered Agent

9/5/07

Date



Signature/Incorporator

9/5/07

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA