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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

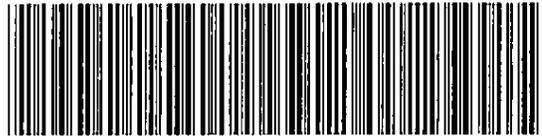
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ENCLOSURE - 005 ** 11.01

2023 APR -6 AM 12: 58
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Bailey's Security Service 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: Joshua Bailey
Name (Printed or typed)

16535 Lem Turner Rd. Apt. 323
Address

Jacksonville FL 32218
City, State & Zip

(904) 376-9350
Daytime Telephone number

joshua-bailey2131@gmail.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: Bailey's Security Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10535 Lem Turner Rd, Apt. 323
Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide excellence in security service giving peace of mind & assurance of protection and safety for all clients. A company that will help provide safety within our communities. Our business is here to help build a safer environment.

ARTICLE IV SHARES

The number of shares of stock is: Joshua Bailey (100%)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joshua Bailey, Manager (CEO) Name and Title: _____

Address: 10535 Lem Turner Rd, Apt. 323 Jacksonville, FL 32218 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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FALL ADMINISTRATIVE OPTION

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: Joshua Bailey
Address: 10535 Lem Turner Rd.
Apt. 323 Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joshua Bailey
Address: 10535 Lem Turner Rd. Apt.
323 Jacksonville, FL 32218

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 days prior or 90 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:

Joshua Bailey
Required Signature/Registered Agent

05-12-23
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.

Joshua Bailey
Required Signature/Incorporator

05-12-23
Date

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