

P03000041473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

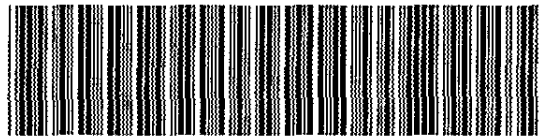
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
03 APR 11 AM 11:55  
STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

04/14/03

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Slip Safety Guard, Inc.

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

**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:

Slip Safety Guard, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1750 W. 39<sup>th</sup> Pl.  
Hialeah, FL 33012  
Bay 1001**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Sell products Slip Safety Guard  
AN ANTI SKID**ARTICLE IV SHARES**

The number of shares of stock is:

200

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

John Santoro  
1750 W. 39<sup>th</sup> Pl.  
Hialeah, FL 33012  
Bay 1003**ARTICLE VI REGISTERED AGENT**

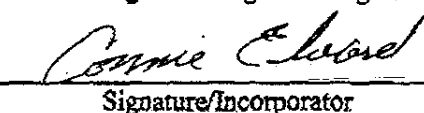
The name and Florida street address of the registered agent is:

Connie EDWARDS  
8286 Dundee Terrace  
Miami Lakes, FL 33016**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Same as Above  
Connie EDWARDS  
1750 W. 39<sup>th</sup> Pl.  
Hialeah, FL

\*\*\*\*\*  
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 Agent4/4/03  
Date  
Signature/Incorporator4/4/03  
DateFILED  
2003 APR 11 PM 12:32  
CLERK  
OF  
COURT  
STATE  
OF  
FLORIDA