

**P04000124672**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

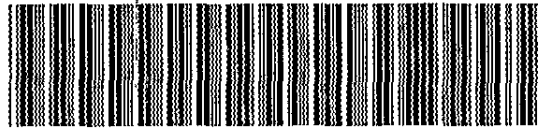
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 AUG 30 PM 2:48

## TRANSMITTAL LETTER

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

**SUBJECT:** ACUTE FENCE CO, 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:** PETER NOWELL

Name (Printed or typed)

4810 CLEWIS AVE

Address

TAMPA, FL 33610

City, State & Zip

813-433-6206

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:

ACUTE FENCE CO, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4810 CLEWIS AVE  
TAMPA , FL. 33610

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA  
PROFESSIONAL CORPORATION

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

PETER NOWELL PRESIDENT  
4810 CLEWIS AVE  
TAMPA . FL. 33610

### ARTICLE VI REGISTERED AGENT

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

PETER NOWELL PRESIDENT  
4810 CLEWIS AVE  
TAMPA . FL. 33610


### ARTICLE VII INCORPORATOR

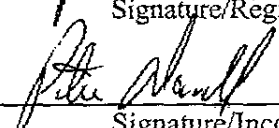
The name and address of the Incorporator is:

PETER NOWELL PRESIDENT  
4810 CLEWIS AVE  
TAMPA . FL. 33610

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 30 PM 2:48

8-27-04  
\_\_\_\_\_  
Date

8-27-04  
\_\_\_\_\_  
Date