

box 5-5

P06000077754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

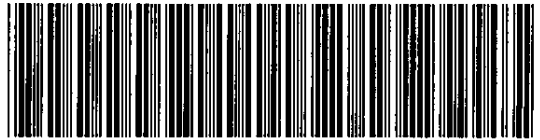
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000075665730

06/05/06--01026--008 **78.75

FILED

2006 JUN -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 6 2006

COVER LETTER

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

SUBJECT: Goldcoast Protection Services 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: Harry Davis
Name (Printed or typed)

4624 Deleon C-209
Address

FT. Myers FL 33907
City, State & Zip

239-246-1084
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)

FILED
2006 JUN -5 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Goldcoast Protection Services Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4624 Deleon C-209
FT. Myers FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Security changing from sole proprietorship To sub S corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harry Davis - President
4624 Deleon C-209
FT. Myers FL 33907

ARTICLE VI REGISTERED AGENT

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

Harry Davis
4624 Deleon C-209
FT. Myers FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Harry Davis
4624 Deleon C-209
FT. Myers FL 33907

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

✓ Harry Davis

Signature/Registered Agent Harry Davis

5-30-06

Date

✓ Harry Davis

Signature/Incorporator Harry Davis

5-30-06

Date