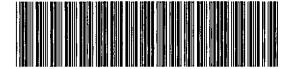
## P07000011123

•	
(Red	uestor's Name)
(Add	lress)
(Add	ress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	Office Use Only



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SECRETARY OF STATE RALLAHASSEE, FLORIDA CAPPHOVED FILED

## **COVER LETTER**

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

SUBJECT:	Safety Grip, (PROPOSED CORPORA	Inc.	
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		•	
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Beth Evan	(Printed or typed)	
		Morris Dr Address	: #D-3
	Englewood City,	FL 342:	23
	941 - 716 - Davtime T	2941	

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME		
The name of the corporation shall be:		
Safety Grip, Inc.		
ARTICLE II PRINCIPAL OFFICE		-1 6
The principal place of business/mailing address is:	0-3	7 J SEC
517 Paul Morris Or. #	_	FIL O7 JAN 24 SECRETAR TALLAHASSI
Englewood, FL 3422	3	SSEN PL
ARTICLE III PURPOSE	•	LED LED CY OF STATE SEE, FLORID
The purpose for which the corporation is organized		
To run a fabricating and	Wholes are	10A 259
distribution business.		
ARTICLE IV SHARES The number of shares of stock is:		
100		
ARTICLE V INITIAL OFFICERS AND/O		
List name(s), address(es) and specific title(s):	Scott Evans/Vi	ce President
Beth Evans/President	7011 Mineola	Rd.
7011 Mine da Rd.	Englewood, FL	24224
Englewood, FL 34224	Englewood, PL	· 5-00-1
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO	T acceptable) of the registered a	gent is:
Scott Evans	<b>7</b>	
517 Paul Morris Dr. #D-	3	
Englewood, FL 34223		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:  Beth Evans	Home: 7011 m	ineola Rd.
517 Paul Morris Dr. #0-	3 Emland	ood, FL 34224
Englewood, FL 34223	Ligiew	000, - 5422,
**************	*********	*******
Having been named as registered agent to accept service of procertificate, I am familiar with and accept the appointment as re		
0	<b>a</b>	
Signature/Registered Agent Scott E		1-16-07
Signature/Registered Agent Scott E	van5	Date
		1 1/ 07
_ Dette Cisaus		1-16-07
Signature/Incorporator Beth Evans		Date