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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07 APR -9 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: LadderBudy 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: Jeff Cogswell

Name (Printed or typed)

9615 NW 52 Manor

Address

Coral Springs, FL 33076

City, State & Zip

954 815 6448

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:

LadderBudy Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9615 NW 52 Manor Coral Springs, FI 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jeff Cogswell
9615 NW 52 Manor Coral Springs, FI 33076
President

Ian White
11420 NW 56 Dr #110 Coral Springs, FI 33076
Vice-President

ARTICLE VI REGISTERED AGENT

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

Jeff Cogswell
9615 NW 52 Manor
Coral Springs, FI 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeff Cogswell
9615 NW 52 Manor
Coral Springs, FI 33076

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

Date

Date

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