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APPROVED
AND
FILED
09 APR 21 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: BABY PROOFERS, 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: MURRAY J COHEN PA

Name (Printed or typed)

10330 CAMELBACK LANE

Address

BOCA RATON, FL 33498

City, State & Zip

561-482-8682

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:

BABY PROOFERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1526 GARFIELD STREET
HOLLYWOOD, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BABY PROOFING AND ALL LEGAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JASON CHRISTIANSEN PRES
1526 GARFIELD STREET
HOLLYWOOD, FL 33020

TRACY CHRISTIANSEN SECY
1526 GARFIELD STREET
HOLLYWOOD, FL 33020

ARTICLE VI REGISTERED AGENT

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

MURRAY J COHEN, PA
10330 CAMELBACK LANE
BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

MURRAY COHEN
10330 CAMELBACK LANE
BOCA RATON, FL 33498


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

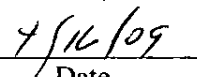


Signature/Registered Agent



Signature/Incorporator


Date


Date

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AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA