

PA90000347670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

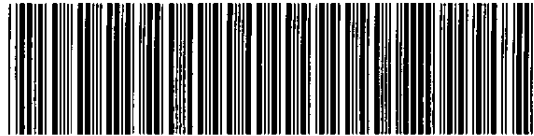
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Safebad Scaffolding Sales, Rental & Installation, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Lee Longworth  
Name (Printed or typed)

1212 E. Oakwood St.  
Address

Tarpon Springs, FL 34689  
City, State & Zip

727-480-8319  
Daytime Telephone number

marlin247@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

Safeload Scaffolding Sales, Rental & Installation, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

1212 E. Oakwood St., Tarpon Springs, FL 34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction Scaffolding Sales, Rental and installation

**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):

V.P.- Lee Longworth, 1212 E. Oakwood St., Tarpon Springs, FL 34689  
V.P.- Anthony Longworth, 809 Sparrow Ave, Palm Harbor, FL 34683

**ARTICLE VI REGISTERED AGENT**

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

Lee Longworth, 1212 E. Oakwood St., Tarpon Springs, FL 34689


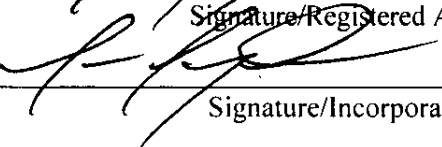
**ARTICLE VII INCORPORATOR**

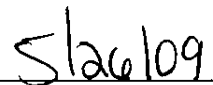
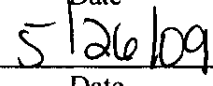
The name and address of the Incorporator is:

Lee Longworth, 1212 E. Oakwood St., Tarpon Springs, FL 34689

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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