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(Requestor's Name)	<u> </u>	
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	itus	
Special Instructions to Filing Officer:		
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Office Use Only



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AUG 26 2009 D. A. WHITE

## **COVER LETTER**

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

□ \$70.00	<b>⊠</b> ′\$78.75	icles of incorporation and	
□ \$70.00 Filing Fee	Filing Fee	☐ \$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
	Nam	e (Printed or typed)	
	2222		
*******	28380 019	Address	, Unit 10

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

<b>†</b>
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:
Safe-Site Supply and Consulting Services, Inc.
The principal street address and mailing address, if different is:  28380 Old 41 Rd., Unit 10  Bonta Springs, FL 34135
The purpose for which the corporation is organized is:  Self Sofety equipment and profile Sofety  training and consulting services.  ARTICLE IV SHARES  The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Dand Kelley - Officer Vice President  Brian Kelley - Officer Vice President
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Brian Velley  37053 Janis Rd.
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Brian Kelley 27053 Darvis Ed.

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

Bonta Springs, FL 34135

Signature/Registered Agent

agree to act in this capacity

Bourta Springs, PL 34135

8-17-09 Date

8-17-09 Date