

P09000023363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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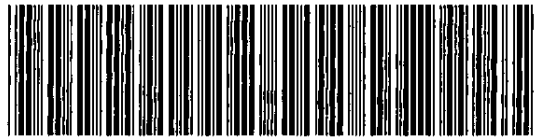
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 OCT -7 PM 1:45
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: Ocala ~~BATH~~ ^{BASED} Bathroom Accessories 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RENA WRIGHT
Name (Printed or typed)

10410 SW. 98th AVE
Address

OCALA FL 34481
City, State & Zip

352-369-6315
Daytime Telephone number

RENA.WRIGHT25@EMBARGMAIL.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:

Ocala Based Bathroom Accessories Inc.,

ARTICLE II PRINCIPAL OFFICE

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

10410 SW 98th Ave
Ocala FL 34481

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL AND INSTALL SAFETY TUBS AND TOILET
RISERS AND ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roena Wright

ARTICLE VI REGISTERED AGENT

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

Roena Wright

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

10410 SW 98th Ave Roena Wright
Ocala FL 34481

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

Roena Wright

Signature/Registered Agent

10-6-09

Date

Roena Wright

Signature/Incorporator

10-6-09

Date

FILED

2009 OCT -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA