

P10000039915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

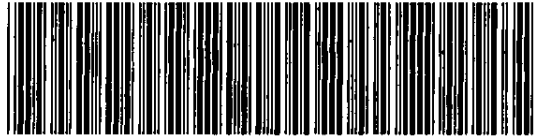
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100177552231

04/26/10--01075--003 **87.50

FILED
2010 MAY -7 PM12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2010

W10-20378
691

COVER LETTER

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

SUBJECT: FLORIDA SAFARI WILDLIFE REMOVAL 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: PATRICK DOYLE
Name (Printed or typed)

6723 HALFMOON DR
Address

SARASOTA, FL. 34231
City, State & Zip

(941) 554-8593
Daytime Telephone number

PDOYLE1970@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY - 7 PM 12:35

FILED

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:

Florida Safari Wildlife Removal inc.

ARTICLE II PRINCIPAL OFFICE

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

4233 Derek way sarasota, fl. 34233 (pricipal)

6723 Halfmoon dr. sarasota, fl. 34231(mailing)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

wildlife removal service

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):

Patrick Doyle 6723
halfmoon dr. sarasota,
fl 34231 (owner)

ARTICLE VI REGISTERED AGENT

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

Patrick Doyle 6723 halfmoon dr. sarasota, fl 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patrick Doyle 6723 halfmoon dr. sarasota, fl 34231

FILED
2010 MAY -7 PM12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Patrick Doyle
Signature/Registered Agent

05-04-2010
Date

Patrick Doyle
Signature/Incorporator

05-04-2010
Date