

P11000035885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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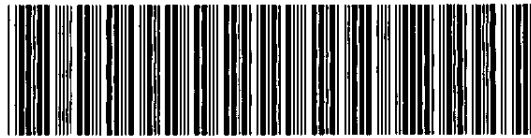
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/11--01024--001 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 APR 13 PM 12:04
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
11 APR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL 32399

OS
4/13/11

COVER LETTER

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

SUBJECT: Silver Bullet Promotional Products, 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: Karen Grant
Name (Printed or typed)

1285 Smoke Rise Lane
Address

Tallahassee, FL 32317
City, State & Zip

(850) 559-1705
Daytime Telephone number

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

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

FILED
11 APR 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Silver Bullet Promotional Products, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1285 Smoke Rise Lane
Tallahassee, FL 32317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Grant, President Name and Title: _____

Address: 1285 Smoke Rise Lane Address: _____
Tallahassee, FL 32317

Name and Title: Jeffrey Grant, Vice President Name and Title: _____

Address: 1285 Smoke Rise Lane Address: _____
Tallahassee, FL 32317

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Karen Grant
Address: 1285 Smoke Rise Lane
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Grant
Address: 1285 Smoke Rise Lane
Tallahassee, FL 32317

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

Karen Grant

Required Signature/Registered Agent

04/13/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Karen Grant

Required Signature/Incorporator

04/13/2011
Date

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TALLAHASSEE, FLORIDA