

P110000086139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

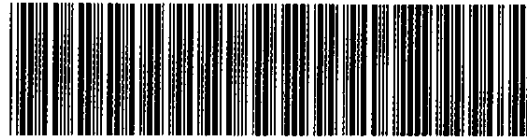
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 29 PM 11:29

FILED

14

## COVER LETTER

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

SUBJECT: Crit, 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

<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: Greg Pyle

Name (Printed or typed)

1032 South Main Street

Address

Gainesville, FL 32601

City, State & Zip

352-494-0861

Daytime Telephone number

bkinsell@gatorfire.net

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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Crit, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1032 South Main Street  
Gainesville, FL 32601

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For profit business for the sales, installation, and service of electric gates and door openers.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Greg Pyle, President</u>	Name and Title: _____
Address: <u>1032 South Main Street</u>	Address: _____
<u>Gainesville, FL 32601</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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: Greg Pyle  
Address: 1032 South Main Street  
Gainesville, FL 32601

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

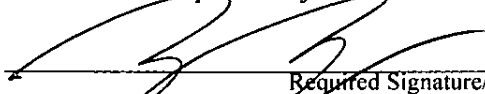
Name: Greg Pyle  
Address: 1032 South Main Street  
Gainesville, FL 32601

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

September 27, 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

September 27, 2011  
\_\_\_\_\_  
Date