

P12000026640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

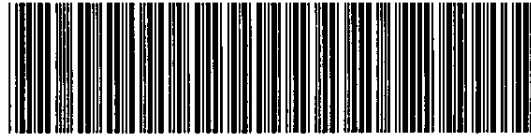
(Business Entity Name)

(Document Number)

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

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03/16/12--01030--008 \*\*87.50

FILED  
12 MAR 16 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 18 2012

## COVER LETTER

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

SUBJECT: Bull Bay Custom Rods 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ROBERT R.WILLS, ESQ

Name (Printed or typed)

P.O. BOX 2356

Address

FORT LAUDERDALE, FLORIDA 33303

City, State & Zip

954-205-6815

Daytime Telephone number

BobWillsFLA@aol.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** **BULL BAY GUSTON RODS INC**

The name of the corporation shall be: Custom

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1827 BEDIVERE  
LAKELAND, FL 33813

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY LAWFUL PURPOSE.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: KELLY LYNN PHILLIPS

Address: 1827 BEDIVERE  
LAKELAND, FL 33813

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: KELLY LYNN PHILLIPS

Address: 1827 BEDIVERE  
LAKELAND, FL 33813

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KELLY LYNN PHILLIPS

Address: 1827 BEDIVERE  
LAKELAND, FL 33813

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

Kelly Phillips

Required Signature/Registered Agent

3/02/12

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.

Kelly Phillips

Required Signature/Incorporator

3/2/12

Date

FILED  
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DEPARTMENT OF STATE  
HALL/MASS/REGISTRATION