

P12000058872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

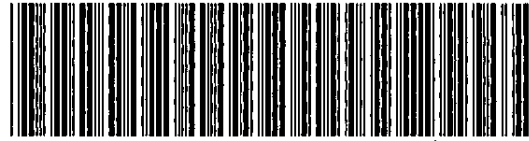
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700236913587

FILING CANCELLED  
RETURNED CHECK

07/02/12--01034--018 \*\*87.50

FILED  
2012 JUL -2 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Gathers JUL 03 2012

## COVER LETTER

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

SUBJECT: CC's locksmith 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: Eugene L Frederick  
Name (Printed or typed)

848 Christina Circle  
Address

Oldsmar, FL 34677  
City, State & Zip

727-479-7300  
Daytime Telephone number

CCs locksmith@yahoo.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: CC's locksmith Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
848 Christina Cir  
Oldsmar, FL 34677

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

any and all Lawful Business

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RETURNED CHECK

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Eugene L Frederick Pres Name and Title: \_\_\_\_\_  
Address: 848 Christina Cir Address: \_\_\_\_\_  
Oldsmar, FL 34677

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: Eugene L Frederick  
Address: 848 Christina Cir  
Oldsmar, FL 34677

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eugene L Frederick  
Address: 848 Christina Cir  
Oldsmar, FL 34677

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

Eugene Frederick

Required Signature/Registered Agent

6-4-12  
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.

Eugene Frederick

Required Signature/Incorporator

6-4-12  
Date

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