

P12000071426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

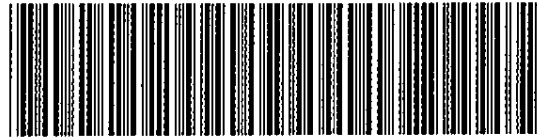
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12 AUG 20 PM 1:23

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12 AUG 20 PM 1:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

gr 8/20/12

COVER LETTER

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

12 AUG 20 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Baby Guard Pool Fence Inc
SUBJECT: Baby Guard of North FLA 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: GARY A. HARRIS
Name (Printed or typed)
9601-87 McCoskey Rd
Address
Tallahassee FL 32309
City, State & Zip
850 443 7913
Daytime Telephone number
MARY HARRIS 49 @ 40mail.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:

Baby Guard Pool Fence Inc
Baby Guard of North Fla Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

9601-87 McCosken RD
TALLAHASSEE FL 32309

Mailing address, if different is: DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool Fence Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY A HARRIS

Address: 9601-87 McCosken RD
TALLAHASSEE FL 32309

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: GARY A HARRIS

Address: 9601-87 McCosken RD
TALLAHASSEE FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY A HARRIS

Address: 9601-87 McCosken RD
TALLAHASSEE FL 32309

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

Gary A Harris
Required Signature/Registered Agent

08/20/2012
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.

Gary A Harris
Required Signature/Incorporator

08/20/2012
Date