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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/5/13

COVER LETTER

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

SUBJECT: The CloseCrime Corporation

(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: James P. Carroll

Name (Printed or typed)

5781 Cape Harbour Drive Suite 901

Address

Cape Coral, FL 33914

City, State & Zip

239-560-4828

Daytime Telephone number

jimcarroll53@gmail.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: The CloseCrime Corporation

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5781 Cape Harbour Drive

Suite 901

Cape Coral, FL 33914

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: crime proximity direct mail marketing primarily for, but not limited to the commercial and residential security industry. Firm will do business throughout the United States.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James P. Carroll

Name and Title: President

Address 5781 Cape Harbour Drive

Address: _____

Suite 901

Cape Coral, FL 33914

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: James P. Carroll

Address: 5781 Cape Harbour Dr. 901

Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James P. Carroll

Address: 5781 Cape Harbour Dr. 901

Cape Coral, FL 33914

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

James P. Carroll

Required Signature/Registered Agent

3/21/2013

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.

James P. Carroll

Required Signature/Incorporator

3/21/2013

Date