

Jun. 19. 2013. 4:20PM
Division of Corporations

No. 7105 Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 19 AM 9:41

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVID.C.HASTINGS@TAMPABAYFL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SQUAID, INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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H130001400623

Jun. 19. 2013 4:20PM

H130001400623

No. 7195 P. 2

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

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ARTICLE I NAME
The name of the corporation shall be: SQUAID, INC

13 JUN 19 AM 9:41

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6635 CANTON ST S
ST PETERSBURG, FL 33712

SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO OPERATE A STORAGE UNIT
BUSINESS AND ANY OTHER LEGAL BUSINESS IN THE STATE OF
FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 1000 SHARES COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>TYLER SQUAID PST</u>	Name and Title:	_____
Address	<u>6635 CANTON ST S</u>	Address:	_____
	<u>ST PETERSBURG, FL 33712</u>		_____

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

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

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Jun. 19. 2013 4:20PM

No. 7195 P. 3

H130001400623

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13 JUN 19 AM 9:41

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS
Address: 2207 54TH ST S
GULFPORT, FL 33707

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

06/19/2013

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.


Required Signature/Incorporator

06/19/2013

Date

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