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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 15 AM 10:29

[Handwritten signature]
7/18/13

COVER LETTER

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

SUBJECT: _____

BAIRMAN, 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: _____

LEONARD E. MASON

Name (Printed or typed)

4204 FOSTER AVENUE

Address

BROOKLYN, NEW YORK 11203

City, State & Zip

(718) 462-0058

Daytime Telephone number

MLEM42@AOL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 15 AM 10:28

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: BAIRMAN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5855 SW 21ST STREET

SAME

WEST PARK, FLORIDA 33083-3008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR

ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE

BUSINESS CORPORATION LAW. THE CORPORATION IS NOT FORMED

TO ENGAGE IN ANY ACT OR ACTIVITY REQUIRING THE

CONSENT OR APPROVAL OF ANY STATE OFFICIAL, DEPARTMENT,
BOARD, AGENCY OR OTHER BODY.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOMER BAIR - PRES

Name and Title: SUSAN KRETTMAN VP

Address: 12010 NW 14TH STREET
REMPROCK PINES, FL 33026

Address: 7705 SOLIMAR CIRCLE
BOCA RATON, FL 33433

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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:

HOMER BAIR

Address:

12010 NW 14TH STREET
PENNSBORO PINES, FLORIDA 33026

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

HOMER BAIR

Address:

12010 NW 14TH STREET
PENNSBORO PINES, FLORIDA 33026

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

X Homer W Bair
Required Signature/Registered Agent

06/10/2013
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.

X Homer W Bair
Required Signature/Incorporator

06/10/2013
Date