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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/8

## COVER LETTER

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

SUBJECT: Executive Response 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jacob Crosthwaite  
Name (Printed or typed)

2915 E Knights Griffin rd  
Address

Plant City Florida 33565  
City, State & Zip

734-883-9113  
Daytime Telephone number

ExcResponse@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: Executive Response Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2915 E Knights Griffin rd  
Plant City  
Florida 33565

Mailing address, if different

PO Box 8973  
Lakeland Florida  
33806

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Wildlife Conflict Resolution To mitigate  
Conflict between Human and Indigenous or  
invasive wildlife. Manage Population Control  
in high Cycle Seasons by relocation or in extreme  
Cases termination

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: Jacob Crosthwaite CEO Name and Title: Ralph Crosthwaite Co

Address: 2915 E Knights Griffin rd Address: 6261 Cooney rd  
Plant City Delton MI  
FL 33565 49046

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont)

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: Jacob Crosthwaite  
Address: 2915 E Knights Griffin rd  
Plant City FL 33565

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacob Crosthwaite  
Address: 2915 E Knights Griffin rd  
Plant City FL 33565

*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*

Jacob Crosthwaite  
Required Signature/Registered Agent

May-3-2014  
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.*

Jacob Crosthwaite  
Required Signature/Incorporator

May 3 2014  
Date