

P1500000533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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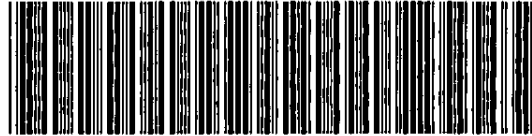
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN -2 PM 3:38

*κ* 01/05/15

## COVER LETTER

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

SUBJECT: RED GATOR SERVICES, 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: RICK BICKFORD  
Name (Printed or typed)

19000 PORTOFINO CIRCLE #117  
Address

PALM BEACH GARDENS, FL 33418  
City, State & Zip

561-346-8757  
Daytime Telephone number

RICK111555@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be: RED GATOR SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19000 PORTOFINO CIRCLE #117  
PALM BEACH GARDENS, FL 33418

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR INDEPENDENT INSURANCE

AGENT FOR SALES AND CLAIMS SERVICES.

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**ARTICLE IV SHARE**

The number of shares of stock is: 500 SHARES

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

Name and Title:	<u>RICK BICKFORD / PRESIDENT</u>	Name and Title:	<u>RICK BICKFORD / SECRETARY</u>
Address	<u>19000 PORTOFINO CIRCLE</u> <u># 117</u> <u>PALM BEACH GARDENS, FL 33418</u>	Address:	<u>19000 PORTOFINO CIRCLE</u> <u>#117</u> <u>PALM BEACH GARDENS, FL 33418</u>
Name and Title:	<u>RICK BICKFORD / VICE PRESIDENT</u>	Name and Title:	
Address	<u>19000 PORTOFINO CIRCLE</u> <u># 117</u> <u>PALM BEACH GARDENS, FL 33418</u>	Address:	
Name and Title:	<u>RICK BICKFORD / TREASURER</u>	Name and Title:	
Address	<u>19000 PORTOFINO CIRCLE</u> <u>#117</u> <u>PALM BEACH GARDENS, FL 33418</u>	Address:	

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: RICK BICKFORDAddress: 19000 PORTOFINO Circle #117  
Palm Beach Gardens, FL 33418FILED  
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15 JAN -2 PM 3:39**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RICK BICKFORDAddress: 19000 PORTOFINO Circle #117  
Palm Beach Gardens, FL 33418

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.

Rick Bickford

Required Signature/Registered Agent

JAN 1, 2015  
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.

Rick Bickford

Required Signature/Incorporator

JAN 1, 2015  
Date